STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 100-20732 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN PA 26 HOUR (TYPE OR PRINT) 1,86 003,3 Charlotte Addison 10 Theresa DEATH MATED 4. RACE AGE (IN YEARS 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED OUR , 86 44 42 Pemale White DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ! Baltimore, Md. Wicomico USA WIDOWED [ D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS Peninsula General FOR MOST OF WORKING LIFE! Hospital Salisbury Cook Restaurant JUAL RESIDENCE (IF IN NURSING H OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION). 21842 BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? Ocean City 106 Denny Lane Sundowner Tr. Ph Maryland 15 MOTHER'S MAIDEN NAME II FATHER'S NAME LAST William N. Kammer Frances Kustner 2010 Recolupski Rd. 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I HE YES GIVE WAR OR DATES! 216 42 1914 Maria L. Kammer Balto., Md. 21221 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAUTIMORE, MARYLAND, 21201 PRIOR TO BÜRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Cardiac Dysrhythmia Minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, il any, which (b) Arteriosclerotic Heart Disease Years gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) Diahetes Mellitus 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [] NOX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Inquiry X and in my opinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNED 10-7-86 M.D. Denuty SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Salisbury, Maryland John Bulkelev TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL TIMEDAT STATE Holly Hill Memorial Gardens Baltimore Co., Md. 10/9/86 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25M DHMH - 17 Eastern Ave (VR A15 ME (5))

TALLINGTO, VA.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	1			50.	18

REGISTRAR CERTIFICATE OF DEATH REG. NO.										
I. DECEASED NAME FIRST (1YPE OR PRINT) Emma	Virginia Virginia	Austin - AUSTIN	October	20,1986 0940m						
Female	White	5. DATE OF BIRTH 09 23 DAY 1909	6 AGE (IN YEARS LAST BIRTHDAY) 77	MONTHS DAYS HOURS MIN.						
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Salisbury, Marylar		MARRIED   NEVER MARRIE	9 BALTIMORE CITY OR COM							
Salisbury	Peninsula Gene		120 USUAL OCCUPATION  IT X OF ROSE FOR TOST OF WORK  READ TECHNIL	12b. KIND OF BUSINESS OR INDUSTRY Health						
	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY Omico Salisbu	WN 13d INSIDE CITY LIM	AUY Homer	Street 21801						
Thomas Nu	tter Hastin	ngs Alice FIRST	May	Goslee						
I BO WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SEC. 214-10-	-8141 218 Beav	M. Mark Whayland	(Son), Md. 21801						
PART I DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  OR CONTRIBUTING CAUSE OF DE CONTRIBUTION CAUSE OF DE CONTRIBUTI	DUE TO, OR AS A CONSEO  (b) CALLED  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO  IPP CONDITION FOR WHICE  COULD TO AMM. MONTH IN P.M.  21b PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE  ON THE PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE DEATH BUT NOT RE	200 AUTOPSY? 200.  YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO MISS PART LOR PART 2)  COUNTY STATE  COUNTY STATE  A hour and from the causes stated  22c DATE SIGNED  16/20186						

230 BURIAL, CREMATION, REMOVAL 10/23/1986

23c. NAME OF CEMETERY OR CREMATORY
Parsons Cemetery

Salisbury, Wicomico, Maryland

Holloway Funeral Home, P.A., Salisbury, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

DHMH - 16 60M 7/84



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00-22878	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
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م المورية	3 SEX		4 RACE	5	DATE OF SIRTH	w MEAD	6. AGE (IN YEARS LAST			UNDER 24 HRS
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1 12 30	N. C		U.S		VIDOWED [	DIVORCED	Wicomico			MD.
1 11/10	10 CITY OR TOWN	OF DEATH	NAME OF HOSPI	TAL, NURSING	HOME OR OTHER	NSTITUTION	12a USUAL OCCUP		126 KIND OF BU	
5 5 5 T	Salisbur		Peninsula	Genera	1 Hospita	1	01	Farmer	INDUSTRY	
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BALT Back	II CAUSE C	F DEATH (Enter onl	y one cause per line fo	r (a), (b), and	cs.)		7,000		APPROXIMATE BETWEEN ONSE	INTERVAL LAND DEATH
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₩ 5 × 2 × 3 × 3	230 BURIAL, CREM	ATION, REMOVAL	236 DATE	23c NA	ME OF CEMETERY	OR CREMATORY	23d LOCATION		COUNTY	STATEA
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(VRA 15, 4)	James	· 1 H.	20 50	+ A.	- P- M-	. ALCA 163	1000	Chulus d	Levidern Par	della.

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Magnolia Cemetery

Delmar, Delaware 19940

Philadelphia

Marvel-Shorti Funeral Home 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

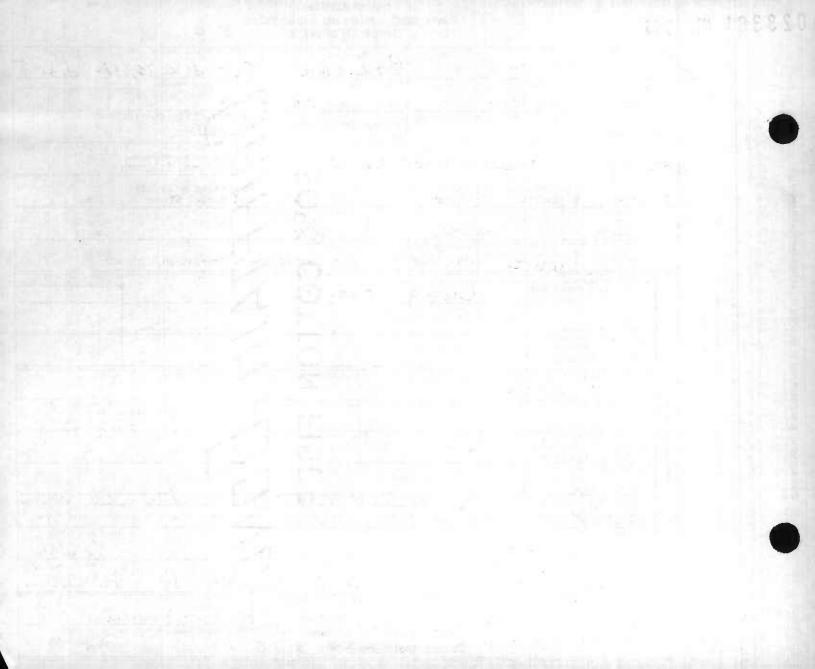
Nov. 3, 1986

William M. Short, Jr.

Burial

24 FUNERAL DIRECTOR

(VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0-22227 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) ATAN 4:30A F. Blake BLAKE October - 24.1986 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 1 SEX 5. DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR White Mal. 1908 Aug. 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY] Maryland Wicomico USA WIDOWED DIVORCED T O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Salisbury Peninsula Ceneral Hospital Farming SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

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Somer Set.

Marion RFD 113d INSIDE CITY LIMITS? Rt. 1 - Box 278 Somerset 21838 Marion RFD & FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Dorothy William Blake Wilson ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I JIF YES, GIVE WAR OR DATES) 220-34-9354 Louise D. Blake - same as 13 abcde No 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHAT D TO THE TERMINAUDISEASE OR CONDITION GIVEN IN PART 110 Topas 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORM IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F THE HOW INJURY OCCURRED TENTER SEATURE OF PUBBLISHESS IS PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M THE LOCATION 21d INJURY OCCURRED 2 le PLACE OF INJURY CDulyte STATE AT HOME STREET FACTORY, OFFICE FARM ETC I WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive and and that in (my) (or) apinion death accurred on the fate and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 10/24/86 224 PHISICIAN'S NAME (THE OFFICE 22e ADDRESS OSWALD J. BURTON 100 POWER ST SALISBURY MA 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10/26/86 Marion - Somerset - MD St. Paul's Cemetery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Bradshaw & Sons - Crisfield, MD service of the property 21817 (VRA 15. 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME MONTH (TYPE OR PRINT) ESTI-86 0731 Bollman 16 George Edwin DEATH MATED MONTH 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DAY YEAR 24 HOUR DATE 62 RTHOAY PRONOUNCED 103] White Male DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED [ DIVORCED [ Wicomico C DAVIDUSTRY II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION General Hospital Salisbury Mech. Engineer Service UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MIL COUNTY 13c. CITY OR TOWN 129 Gibson Road 21401 Annapolis NO [ Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST Bollman Ruff Christina ADDRESS 68 WAS DECEASED EVER IN U.S. ARMED FORCES? Same as ( IF YES, GIVE WAR OR DATES) 215-14-8196 #13 Margaret B. Bollman W.W. Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In Hypertension 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 198 DATE OF OPERATION 20 AUTOPSY? WRITING THE WORD ARDED TO THE CHIE AGE 3 SHOULD BE US! ATE DEPARTMENT OF YES NOX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE A SHOULD BE TO FUNERAL DIRECTOR PO TO FUNERAL DIRECTOR PO TO FUNE DESTINATION OF THE DESTINATION OF 22a. I certify that I took charge of the remains described above, held on Natural causes Undetermined manner TITLE (SPECIFY) 10-16-86 SIGNATURE EXAMINER'S NAME Salisbury Bulkelev (TYPE OR PRINT) .Tohn 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Annapolis Burial 10/18/86 Cedar Bluff 07/84 250. DATE REC'D. BY BEGILLAR 25M 24 FUNERAL DIRECTOR **DHMH - 17** Taylor Funeral Chapel, Annapplis, MD (VR A15 ME (5))

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ge 4 mo ector, po	3 SE	Male	White	5. DATE 0			UNDER LYEAR OF UNDER 24 HRS		
ol dire		RTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	76. CITIZEN OF WHAT COUNTRY	/? 8. MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	DF DEATH MD		
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MARYL ted within ond 2 st ond 2 st	JA FA	FATHER'S NAME  FIRST  (Unknown)  IS. MOTHER'S MAIDEN NAME  FIRST  (Unknown)							
be execu	16s V	AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 215-14-0420 Same as 1/13e  17. INFORMANT Ruth A. Baker (Daughter)							
physicio physicio mpopers emovol.			only one couse per line for (a), (b), (ED BY: ATE CAUSE (a)	and ici.i	umy FAIL	un (-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 library ratending physicion and completely filled in set this certificate has been signed by the attending physicion and completely filled in so the buriol-transit permit. Then please remove carbon papers. Pagety and 2 should it this and Membel Hygiene prior to buriol, cremation, or removal.  Orked at its 18 from any injury, or other troumatic eventifile medical examinger myster.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEG	UENCE OF	1 rana				
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O HOSPITA efficied by 170 FUNERa should be de- with the Stoti		RONMO	H Janet	MD-			21801		
BP	-	URIAL, CREMATION, REMOVA SPECIFY Cremation			y Crematory		omico, Maryland		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FL	INERAL DIRECTOR Holloway Fune	eral Home, P.A.,	alisbur		E REC'D. BY REGISTRAR 256. REGISTRA CT 1 7 1986	IR'S SIGNATURE		

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEASED NAME DATE KNOWN 🔀 LIMPE OR PRINTS OF ESTI-LEE BONNER MICHAEL 10-16-86 6. AGE (IN YEARS 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR IE UNDER 24 HRS DATE 2d HOUR AST BIRTHDAY) PRONOUNCED White 08 1952 Male 34 6:42P 10-16-86 DEAD BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Cape May, New Jersey Wicomico County WIDOWED DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Builder Peninsula General Hospital Salisbury Maryland Worcester Bishopville 13d. INSIDE CITY LIMITS? Piney Island Drive NO [] 15. MOTHER'S MAIDEN NAME

Joan 14. FATHER'S NAME John McCurid Bonner 17. INFORMANT Patricia A. Bonners 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES NO OR UNKNOWN) 298-50-6269 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary thromboembolism DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 21E LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 22a I certify that I taak charge of the remains described above, held on Autapsy Inspection and in my apinian PAGE A SHOULD BE R TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN DATE 10-17-86 Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b. DATE Salisbury, Wicomico, Maryland 10/19/1986 Cremation Salisbury Crematory 07/B4 25AA 24 FUNERAL DIRECTOR **DHMH - 17** Holloway Funeral Home, P.S.A., Salisbury, Maryland U (VR A15 ME (5))

2896-11/2 2 228-23-24 244-559 The second of the Solver of Solver Miles and the second of the se

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN X1 ESTI-DEATH MATED GENE BRADFORD, JR. 6 AGE (IN YEARS | IF UNDER 1 YR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 7d HOUR PRONOUNCED male white 20, 1964 22YRS DEAD May 9-23-8619 11:400 JOS BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX FOREIGN COUNTRY) DIVORCED Wicomico County Maryland WIDOWED [ USA II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 1126 KIND OF BUSINESS Rt. 645 Foskey Lane Delmar unemployed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Wicomico Salisbury Hotel Esther, Church St. Maryland YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Gene Raymond Bradford Virginia Evers Bradford Sr. 40 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 72 2806 215 Velma Evers, Florida 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTI DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Head injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID USED AS A EOF HEALTH CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PROCE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH, THE STATE DEPARTMENT OF HE BALTIMORE, MARYIJAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YESXX NO T 21a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 10:30PM 9-23-86 pedeatrian struck by an auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC. Delmar, Maryland WHILE AT WORK 645 Foskey Lane hawy. 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Notural couses Homicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 9-24-86 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M. D. Apper TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATOR 23d LOCATION 9/27/86 Libertown Worcester Md. Riverside Cemetery Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 108 Williams St. **DHMH** - 17 W. Kirk Burbage Berlin, Md. 21811 (VR A15 ME (5))

(VRA 15, 4)

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## 2 2 3 2 0 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR:

## STATE OF MADVIAND

T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	5 6	3 o.	0	-	
LAST	20 DATE OF DEATH	MONTH D	AY YEAR	2	h i

		REGISTRAR						REG. N	10.			
E	DEC	HISED NAME FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
1	TIPPE S	Jake			Bri.	thouse-	SA	Orthoge	18,	1986	193	3 4
3	SEX		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 2	* 7 - 11 - 0
4			200		MONTH		E AR	ro	VDC		HOURS	MIN.
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		Berlin Y OR TOWN OF DEATH	USA III NAME OF	HOSPITAL NUR	WIDOWE	DIVOR		12a. USUAL OCCUPAT	ION	TISK KIND (	OF BUSINES	MD.
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1	/	Benjamine		tingham	Sr.	Mar	y	MIDDLE		Ayrê	3	
1			RMED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT	Ed. St.	D A ADDR	RESS			
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F		18 CAUSE OF DEATH (Enter	noly one couse per	line for (n) 4b)	and icy	19	, 11	f		APPRO)	MATE INTERV	AL
	Ø	PART I. DEATH WAS CAUSED BY:										
		IMMEDI	ATE CAUSE (a)	(4)	our -	U. C.	History	on press				
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		Conditions, if any, which (b) Regal Lower Loke (neumonia)										
П		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause lost.										
		(c)										
1	z	PART 2. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
4	은	Mon	c 10	nel	auso	u		T	Tan. 18	1150 1150 500 150		
7	<u>v</u>	190 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		YES, WERE FINDI RTIFYING CAUSE:		
	CERTIFICATION							YES NO	YES 🗌	NO 🗌		
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	4	OR CONTRIBUTING CAUSE OF I	EATH	.M.	19							
П	MEDICAL	21d INJURY OCCURRED		OF INJURY	.,	211 LOCATION						
	ž	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFIC	CE, FARM, ETC )	STREET	CITY OR TOWN COUNTY			STA	ATE	
		AT WORK AT WORK								.21	0	
Н		22a I certify that (I) (this has sow the deceased alive	10/	e deceased from		od that in (my) (nur	16	eoth accurred on the	18	- 86	that (I) (w	
1		obove, (1) (we) (did) (did		alter death.	00		аріліон ас	eorn accorred on the c	ore ond i			ed
	=1	22b. SIGNATURE	d	, /	2/	DEGREE	101110	HEDICAL ST		22c. DATE	SIGNED	-
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		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)		4	22e. ADDRESS	^	0		~		-
		BENITO	ar.	CHI	90	547	-0	River se	de	B.	Var	ist.
2		URIAL, CREMATION, REMOVA	AL 23b. DATE	23	3c. NAME OF C	EMETERY OR CREA	ATORY	23d LOCATION			MO	Z
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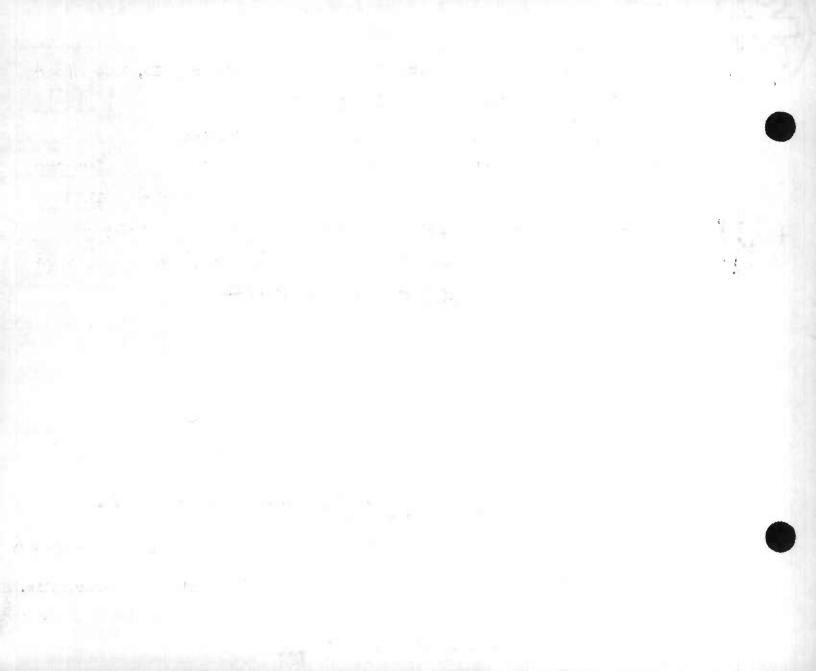
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(VRA 15, 4)

FOR - STATE

Jolley Memorial Chapel ADDRRte.2, Salis. Md.

					STATE OF	MARYLAND						
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MORE,	160	VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	16b. SOCIAL SEC 214-10-		nformant 15 Beaali		yne N.B Drive, Sa				
hysicion popers.	-	18 CAUSE OF DEATH	Enter only one couse pe	r line for (o), (b), o						APPROXI BETWEEN	MATE INTERVAL	
A certifico h certifico ding phys corbon popor for emove		PART I. DEATH WAS	MEDIATE CAUSE (0)	OR AS A CONSEQU	JENCE OF	<i>C</i>	CH-	<del></del>				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours rattending physician.  The this certificate been signed by the attending physician and compress, filled in by as the burical-transit permit. Then please remove corbon papers, Pogens, and Compress, filled in by the and Mental Hygiene prior to burial, cremation, or removal.		Conditions, if any, w gove rise to immed couse (o), stating underlying couse	diote	DR AS A CONSEOU	JENCE OF							
S, 20	-	PART 2. OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE	E TERMINAL DIS	EASE OR CONDI	TION GIVEN	IN PART 10	01	
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DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	uneral director Holloway Fun	eral Home,	P.A., 'Sali	sbury, Mo		DATE REC'D.	BY REGISTRAR 25	ib. REGISTRA	R'S SIGNAT	URE	



STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland OC

10/28/1986

23c NAME OF CEMETERY OR CREMATORY

Wicomico Memorial Park Salisbury, Wicomico, Maryland BY REGISTRAR 236. REGISTRAR'S SIGNATURE

Deer's Head Center, Salisbury, Md. 21801

23d LOCATION

1986

IF UNDER I YEAR

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12h, KIND OF BUSINESS OR

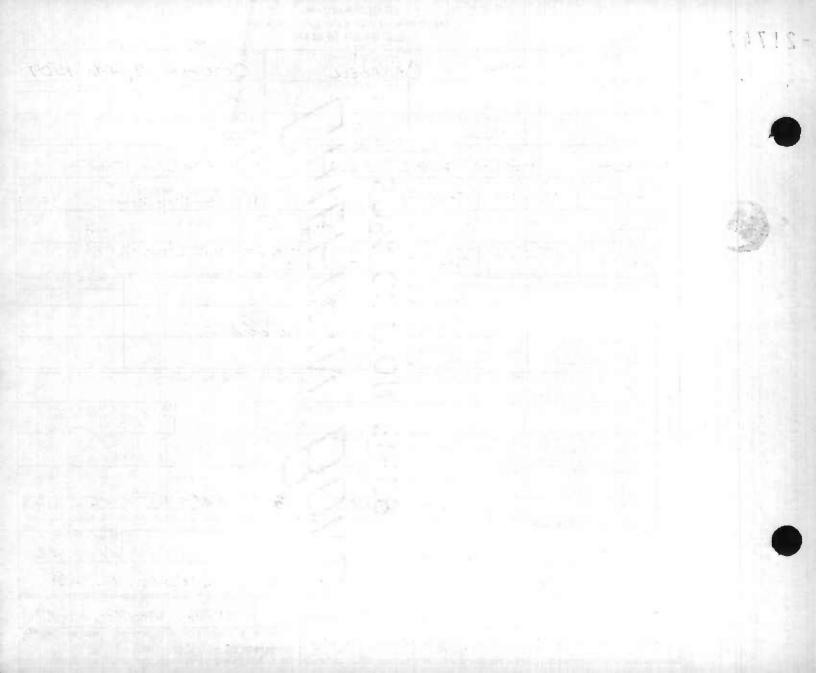
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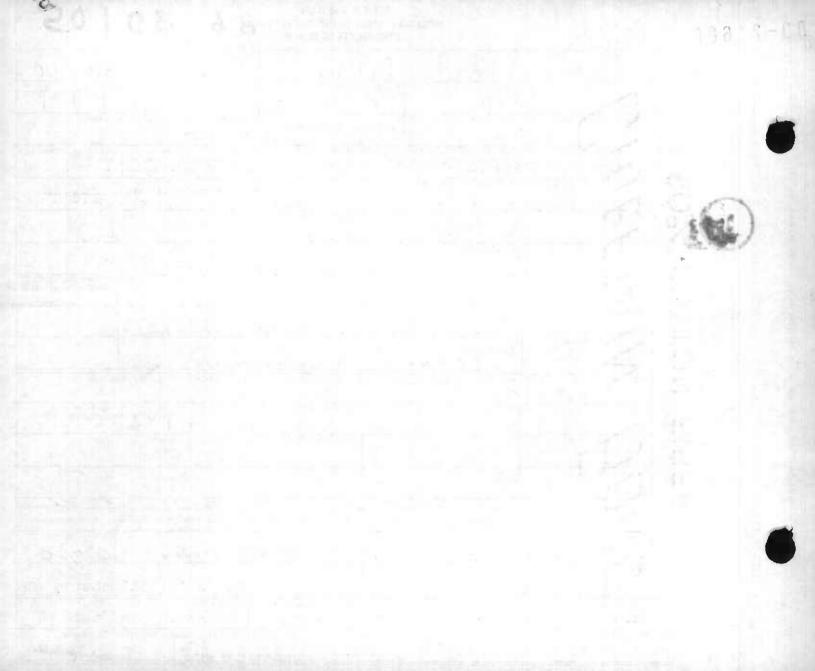
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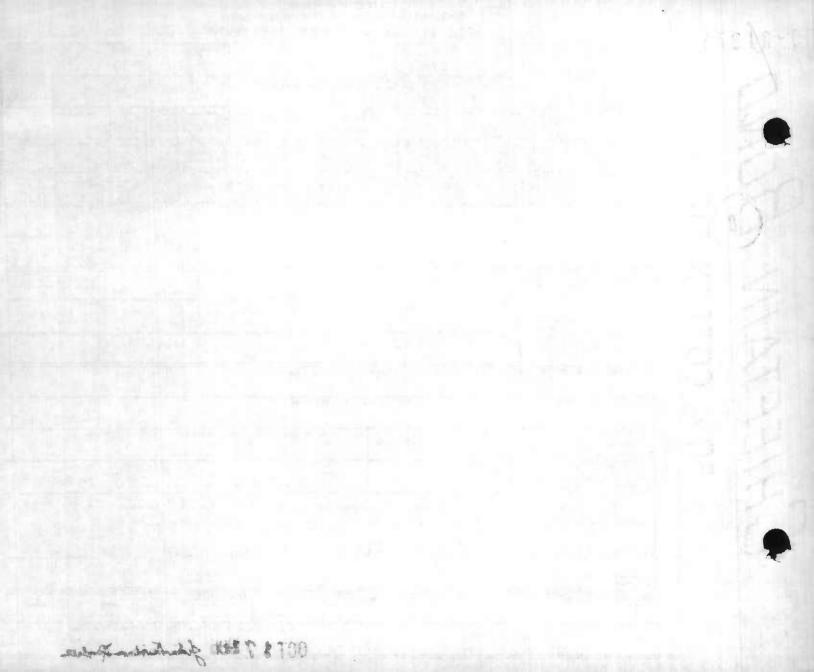
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) Kay DEATH MATED 19-30-86 COOPER BONNIE 4 RACE IF UNDER 1 YR. 5 DATE OF BIRTH & AGE (IN YEARS IE UNDER 24 HRS 2d HOUR 20. DATE MONTH LAST BIRTHDAY) PRONOUNCED 9-30-86 DEAD White 194 Nov 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY Wicomico County DIVORCED Delaware WIDOWED [ USA CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Salisbury Peninsula General Hospital 1986 Graduate High School JSUAL RESIDENCE (IF IN NUR FIOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

30 STATE

136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS RD3 Bx W4A2 Millboro Delaware NO [] Sussex Gumboro De FATHER'S NAME 15 MOTHER'S MAIDEN NAME Chandler Cooper Kave 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 146 SOCIAL SECURITY NO MillsborossDE1 19966 (YES, NO, OR UNKNOWN) Cooper RD 3 Bx W4A2 no 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Blunt head trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T to CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR 2:06B 9-27-86 driver of an auto/auto collision CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, III LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK CountyRts.431&472 W. of Millsboro Delaware hawy. Autopsy 22s. I certify that I took charge of the remains described above, held on Inquiry and in my apinian death resulted from: Notural causes cident Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE Assistant MEDICAL EXAMINER SIGNED\_10-1-86 Dennis F. Smyth, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE burlal 10/4/86 aurel Hill Cemeter Delaware Sussex Laurel 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS (VR A15 ME (5)) Homer Disharoon Box 678 Laurel

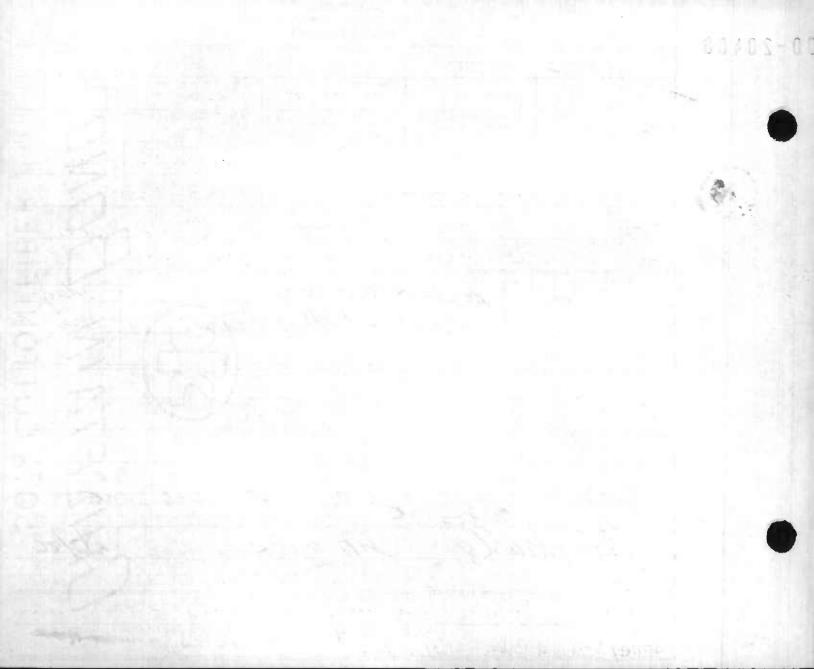


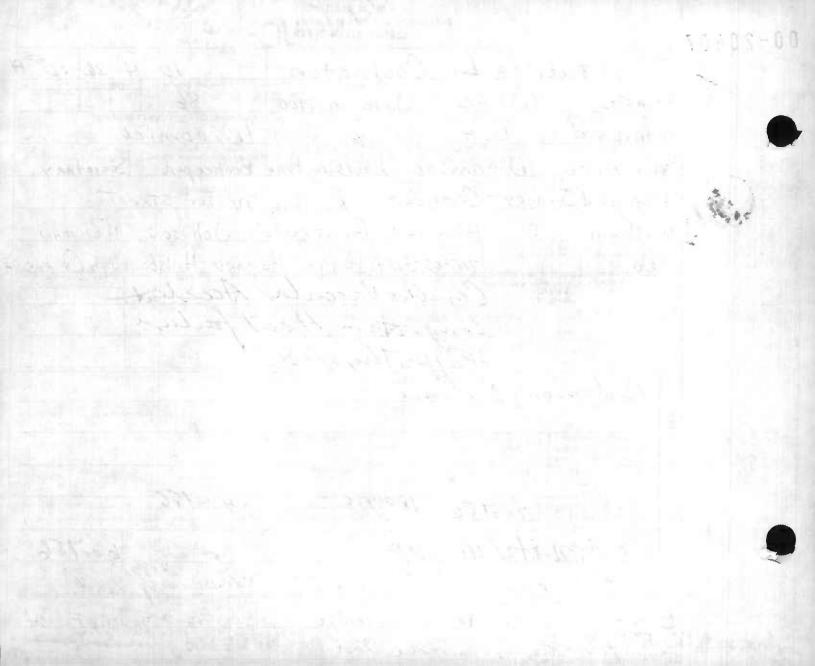
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN TX CEASED MAME 26 HOUR DEATH MATED Virginia Ruth 0522 Cooper 1986 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCED 68 YRS DEAD 0628 White Female 9 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Dhio US WIDOWED [ DIVORCED Wicomico CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Salisbury Peninsula General Hospital Mar. Analysis US Gov't No. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Collier Naples YES NO 4515 Lakewood Blvd. Florida 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Francis Freida Wetzel Noonan 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 286-09-0424 Richard W. Cooper same as # 13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG Hypothyroidism Rheumatoid Arthritis 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X Inquiry X 22a I certify that I took charge of the remains described obave, held an Autopsy and in my opinion Natural couses X Hamicide death resulted fram: Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE 10-5-86 Deputy DATE MEDICAL EXAMINER EXAMINER'S NAME John T. Bulkeley, M.D. Salisbury. Maryland \_\_ADDRESS\_ Burial Oct. 10-86 Arlington Nat' Arlington Va. Arlington 24 FUNERAL DIRECTOR ADDRESS P. 0. BOX 156 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Home Waldorf. Md. 2060 (VR A15 ME (5))

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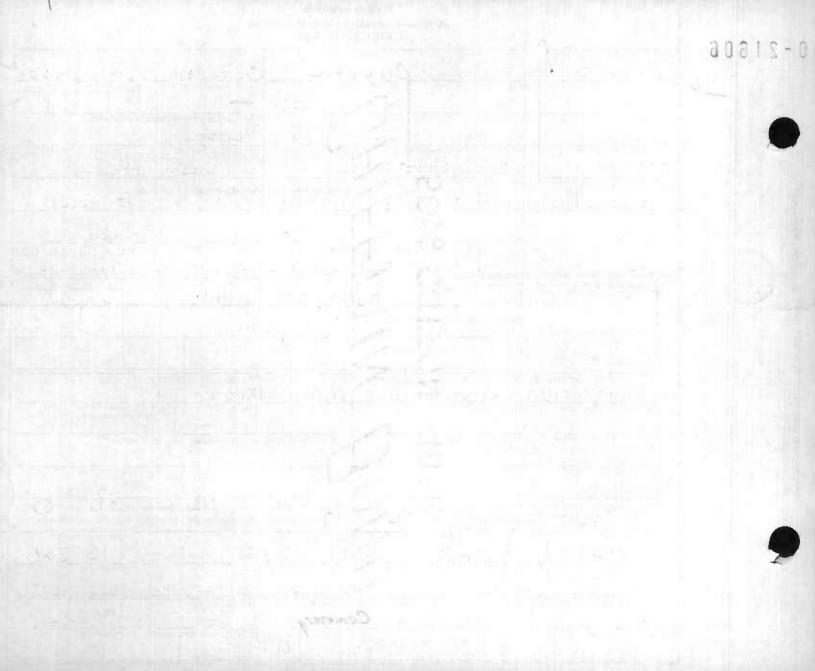
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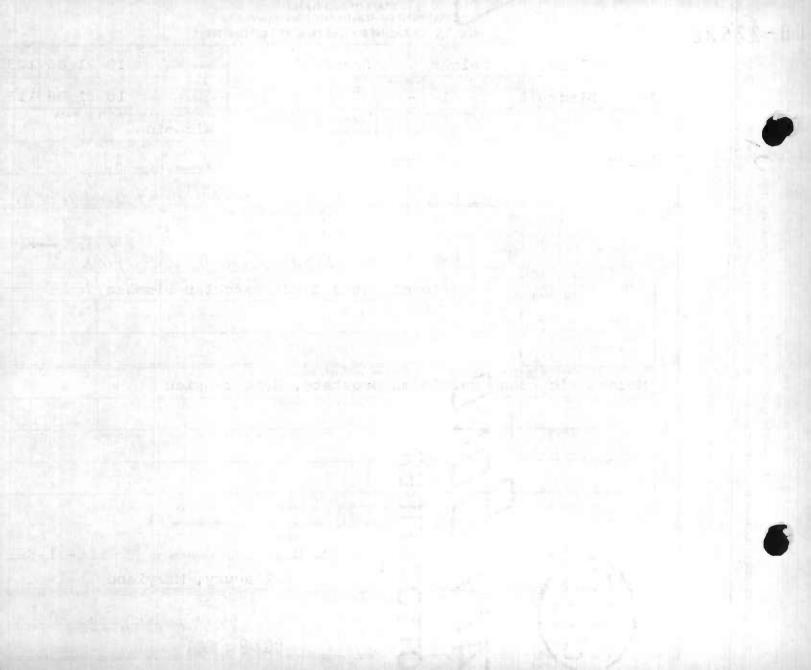




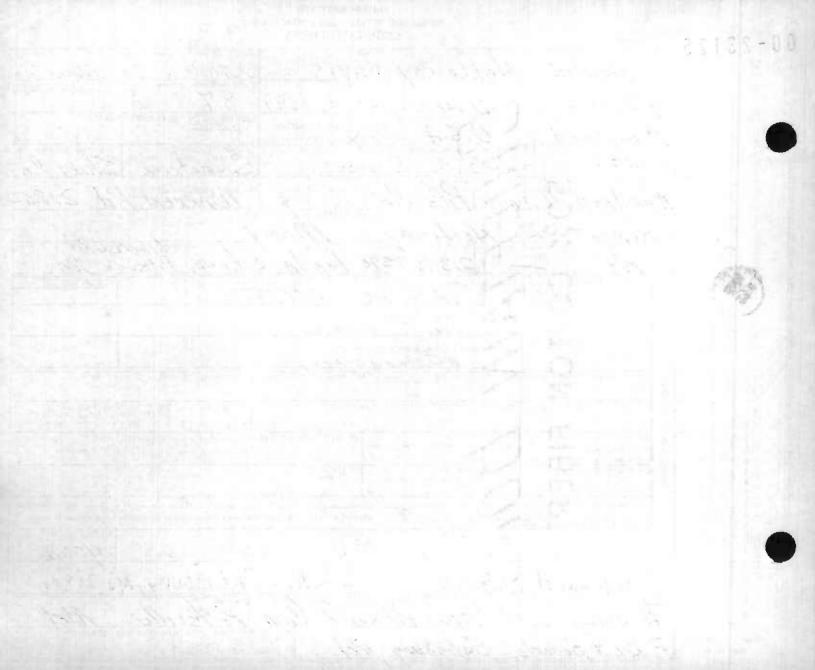
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5 1 13 X	Sa	lisbury	Peninsula General Hospital	STAMESTA	F WORKING LEET INDUSTRY
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	H	//0	- 71376-0319 NINGIT &	J-LANE,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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8 1 1	¥.	1% DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY2	206. IF YES, WERE FINDINGS USED
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(VRA 15, 4)

REGISTRAR

**BALTIMORE CITY OR COUNTY OF DEATH** WICOMICO COUNTY 12h KIND OF BUSINESS OR INDUSTRY Housewife 202 Truitt Street 21801 Brittingham Marion M. Corbett (Daughter) 706 Parkway Circle, Salisbury, Maryland 21801 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OF TOWN STATE and that in (my) (aux) opinion death accurred on the date and have and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN [ CIVIC AVE & RT. 50, SALISBURY, MD. 21801 230 NAME OF CEMETERY OF CREMATORY Wicomico Memorial Pk 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 10/11/1986 Salisbury, Wicomico, Maryland 24 FUNERAL DIRECTOR REGISTRAR 25b. REGISTRAR'S SIGNATURE Holloway Funeral Home, P.A., Salisbury, Maryland wander :

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

10-9-86

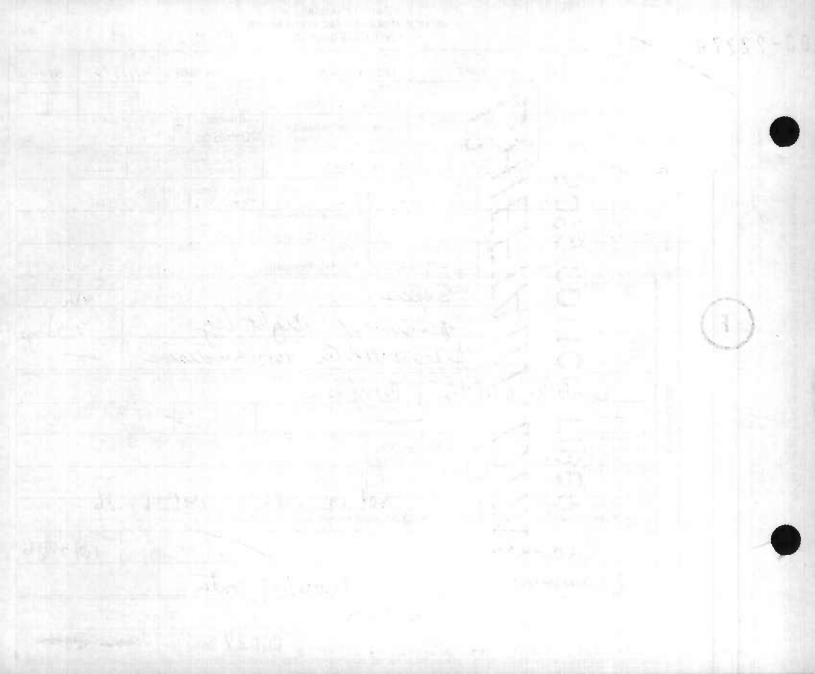
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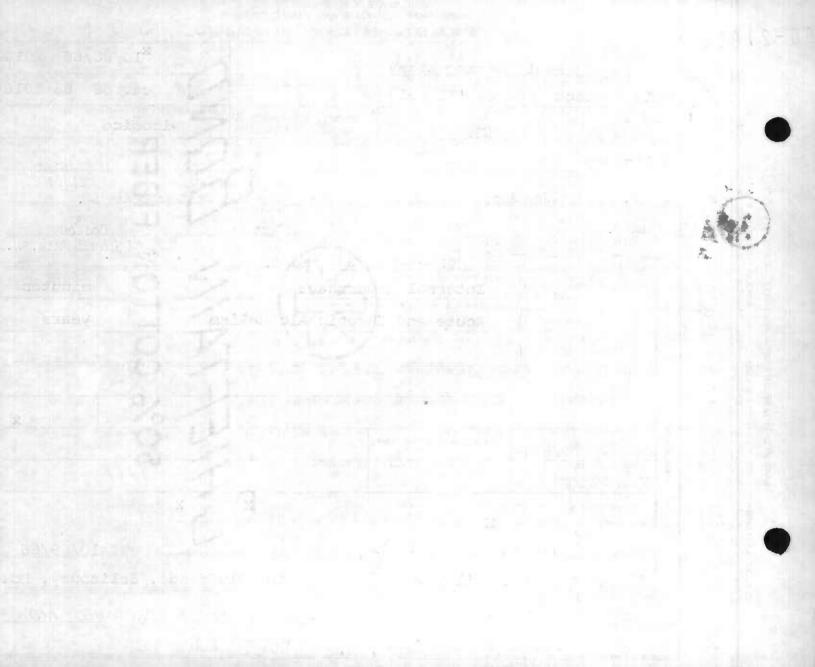


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20220		FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		0 , ! 0
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in 72 ho	W	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A	• COUNTRY?	MARRIE WIDOWE	D Never Married D	Wicomico	R COUNTY OF	DEATH
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nos been permit. T	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	ERE FINDINGS USED
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	DIVISION OF VITAL RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING", IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PREMI AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAUTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELA	TED TO THE TERA	INAL DISEASE	DR CONDITIO	N GIVEN IN PART	[] (a).				
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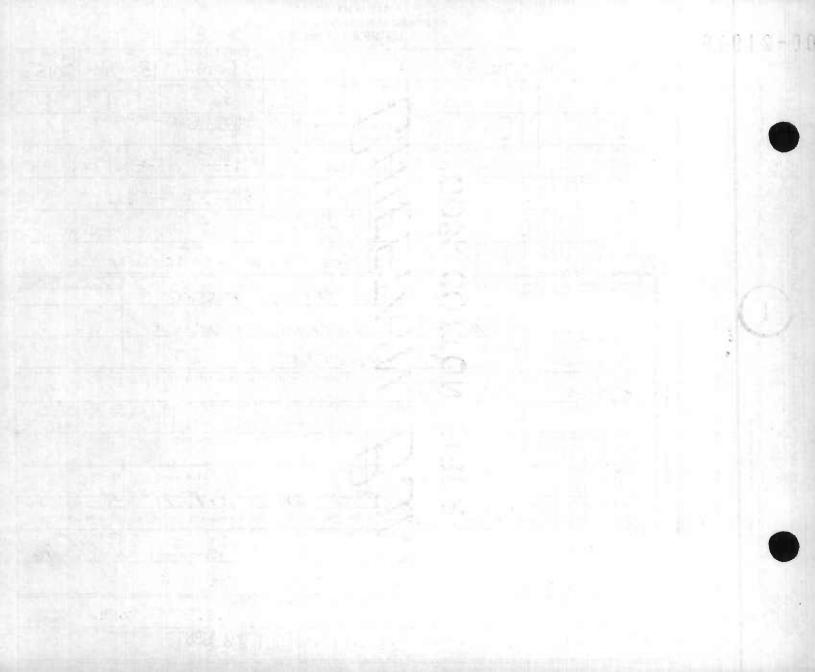
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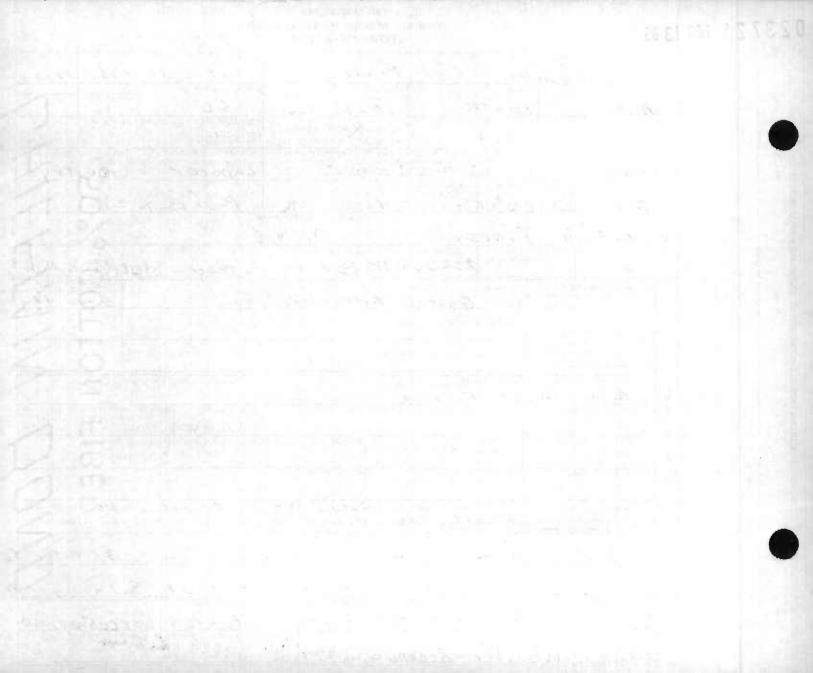
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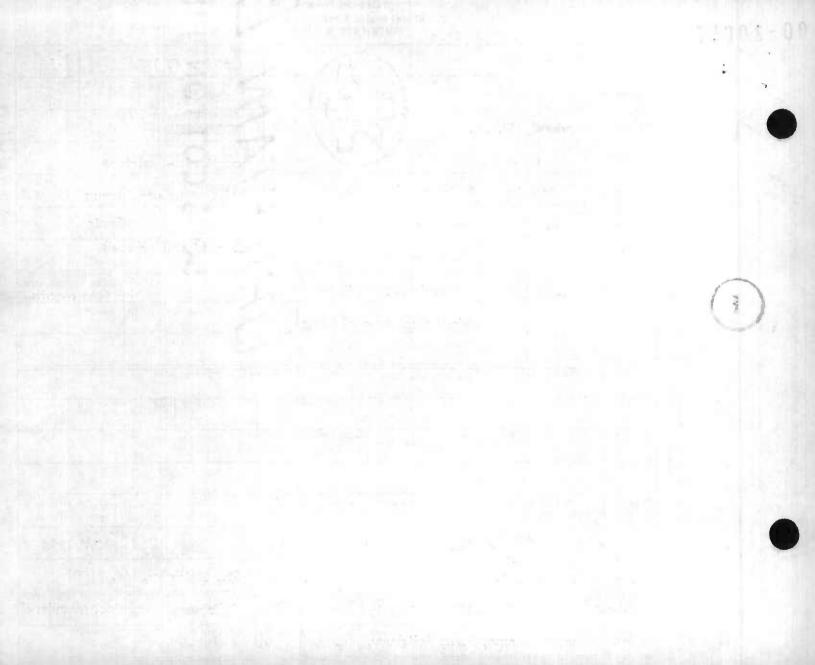


				STATE OF MARYLAND		
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		REGISTRAR			REG. NO.	
m.f		CEASED NAME FIRST	MIDDLE	IAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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rer o	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
5 5	1	male	Black	10-13-26	60 YRS	
92 01		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
11 20		Md.	IUSA	WIDOWED DIVORCED	Wicomico	MD
11/1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
33 /20	Sa.	Lisbury	Peninsula Gene:	ral Hospital	Laborer	Foultry
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ol.		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mov		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) Gaste	ic Adenocarci	nong	2 months
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Hyg 18 st		21a. ACCIDENT WAS UNDERLYING		DAY YEAR 216. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
riol-i	S S	OR CONTRIBUTING CAUSE OF D	t All II	19		
d A d	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION	CITY OR TOWN	COUNTY STATE
rkeo	2	AT WORK	(M. Norte, Stage), the toki, office			
lealt s mo			pital) attended the deceased from		10 31 Oct.	. 19_ <b>9</b> C, that (I) (we) last
21		saw the deceased alive a above, (I) (we) (did) (did)	on 3/Oct. 19	& , and that in (my) (aur) apiniar	death occurred on the date and h	naur and from the causes stated
Direction of the management of		226 SIGNATURE	1	DEGREE		224. DATE SIGNED
detac ote D		() (	fact.	M.O. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/ Oct 190
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should be de with the Stat		James E	Martin A	1.0. 145 E.	Carroll St.	Salisbury M
Z 4 3 ₹	23e	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY		//
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH 2h HOUR DECEASED NAME MONTH STYPE CRIPMINS -15 HER 2. 5EX 4. RACE A. AGE (IN YEARS LAST BIRTHDAY) IF UNGER I YEAR IF LINGER 24 HRS BIRTHPLACE (STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY G HOME OR OTHER INSTITUTION 13a STATE 36 COUNTY -13e STREET-ADDRESS 4 ZJP CODE 13d. INSIDE CITY LIMITS? RIVENW WICOMIC 15. MOTHER'S MAIDEN NAME SNAME AA IOO G MIDGLE 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ( # YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: winute IMMEDIATE CAUSE (a) Cordio Vascular Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO M 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE 220.1 certify that @ (this hospital) attailed the deceased from that Ale (we) last 19 86 saw the deceased alive on abave, (\*\* (we) (did) (did not) view the bady after death. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 724 ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BY REGISTRAR 256. REGISTRAR'S SIC DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

REGISTRAR DECEASED NAME (THRE OF PRINT)

remale

COUNTRY

Salisbury

[ ORUNKNOWN]

19s. DATE OF OPERATION

SIGNATURE

HIRTHPLACE (STATE OF FOREIGN

MAS DECEASED EVER IN U.S. ARMED FORCES?

orene

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES)

lac

76. CITIZEN OF WHAT-COUNTRY

- STATE

1. SEX

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

WIDOWED

11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsula General Hospital

16b. SOCIAL SECURITY NO

OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 5	REG. NO.	3	0	o are	20	5
ST	20 DATE OF	DEATH M	ONTH D.	AY YE	AR	2b. HOL	IR
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28 1929	5	7	YRS.	ONTHS	DAYS	HOURS	MIN.
NEVER MARRIED DIVORCED	9 BALTIMO WICOM	RE CITY OR LICO	COUNTY				ME
ROTHER INSTITUTION pital		CCUPATION K FOR MOST OF V		176 KI	STRY	BUSIN	an an
13d. INSIDE CITY LIMITS? YES NO [	13e.STREET	ADDRESS (	ST.	(A)	18	51	
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Willie Fe	tcher	POC	09 (	ake	5	t.d	
Jailure					WEEN O	KSET AND	RVAL DEATH_
FIBROSIL				2	· 4c.	AR.	S
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18 CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PULMON AR Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NAME OF AND AND A

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

200 AUTOPSY?

211 LOCATION

COUNTY STATE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22a.1 certify that (1) (this hospital) attended the deceased fram 10 110

and that in (my) (eve) apinion death accurred on the date and have and from the causes stated MEDICAL ATTENDING

22c. DATE SIGNED

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

CITY OF TOWN

THE FLATIAL, CREMATION, REMOVAL

DEGREE

TENTA ST POCOMORE

236. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

RAL DIRECTOR

250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE LE LE LANGE BOOK OF THE PARTY O

Baker & Bounds Salisbury, Maryland 21801

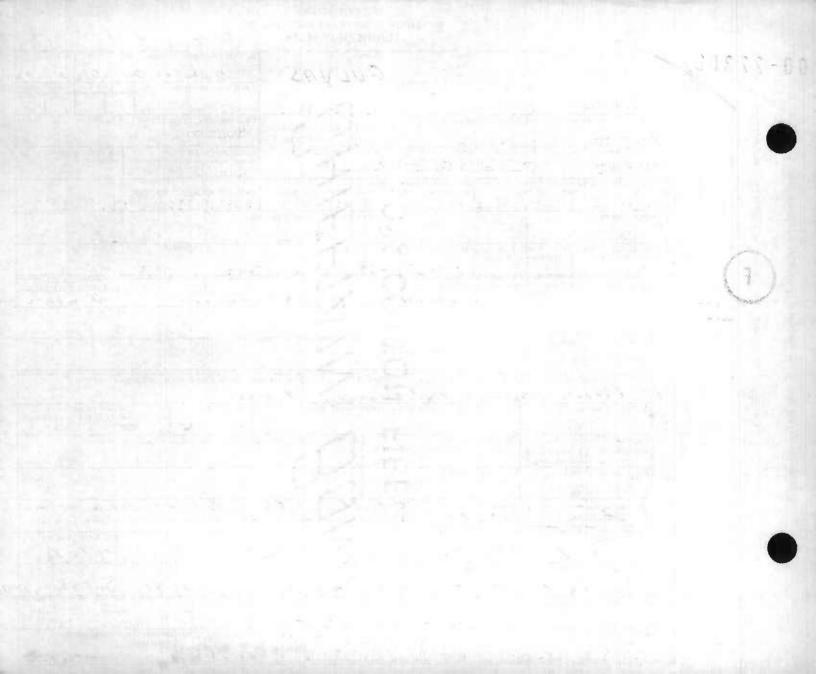
(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20. DATE OF DEATH MONTH L DECEASED NAME 00-223:08 THE OWNERS ! Myrtle Gray Redden October 21, 1986 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 1. SEX MONTH white female BIRTHPLACE | STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico Maryland U.S.A. WIDOWED DIVORCED | IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING (IFE) Peninsula General Hospital Salisbury housewife USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 608 Williams St. Maryland Worcester Berlin YES X NO [] 21811 4-FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Walter Redden Minnie Gray 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 220-260-848 Jane Avdelotte Willards. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Metastatic Breast DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Obstructive Pulmonar-1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LE ETHER NOTEY MEDICAL EXAMINER 71d INJURY OCCURRED 71a. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 274 1 certify that ## (this hospital) attended the deceased from Oct . 15 saw the deceased alive on Oc. F. 21, 1986, and that in (my) (sort) opinion death occurred on the date and hour and from the causes stated above, (1) (see) I did) (shift not) view the body after death 77k SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME (TYPE OR PRINT) 22a ADDRESS 145 E. Carroll St. Martin 23e BURIAL, CREMATION, REMOVAL 734 LOCATION 236. DATE 73c. NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE 10/25/86 Evergreen Cemetery Burial Berlin 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 108 Williams DHMH - 16 60M 7/84

Berlin, Md. 21811

W. Kirk Burbage

(VRA 15, 4)



A DESCRIPTION OF HEALTH AND SAFAITAL HACIENE

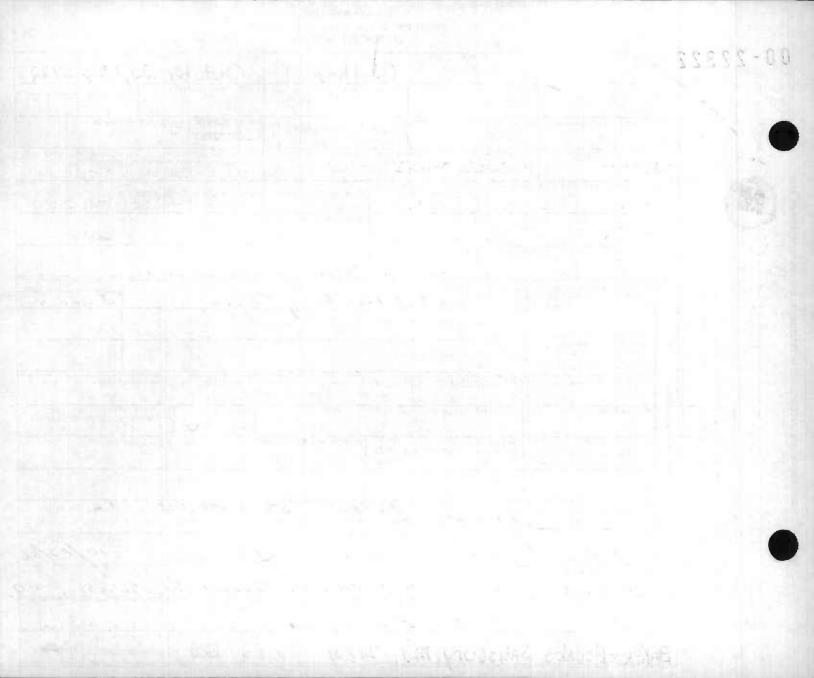
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DHMH - 16 60M 7/84 (VRA 15, 4)

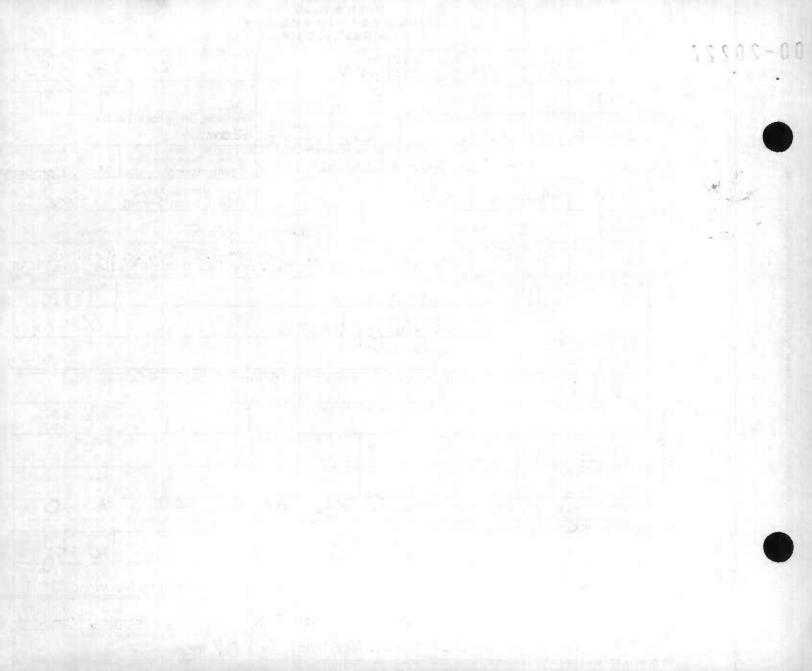
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BAKER + BOUNDS SALISBURY MD, 21801

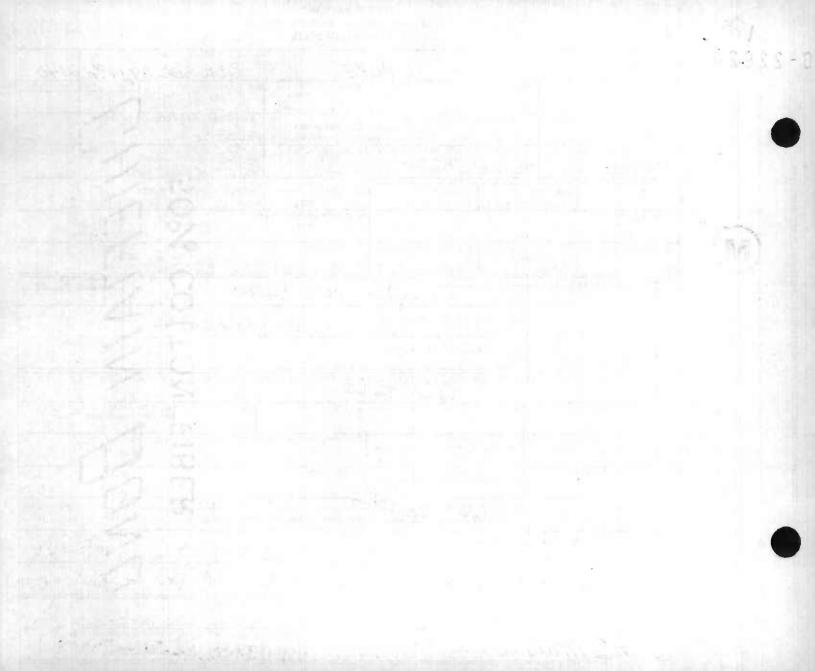


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11 8			(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
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DHMH - 16 60M 7/B4 (VRA 15, 4)

Bradshaw & Sons - Crisfield, MD

236 BURIAL, CREMATION, REMOVAL 136. DATE 10/25/86 24 FUNERAL DIRECTOR

23c, NAME OF CEMETERY OR CREMATORY
St. Paul's Cemetery

Marion - Somerset - MD

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IMPORTANT: If them 21 is marked or them 18 shaws ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH

HY	GIEN	E

7.	REGISTRAR			DEPAI		ICATE OF DEATH	SIENE S	REG. NO.	3 (	) i	ं भ
	CEASED NAME	FIRST	1	MIDDLE		LAST	20 DATE OF	DEATH M	ONTH DAY	YEAR	26 HOUR
[HTP]		lson			TAMES		Octobe	m 29	1986		9 A M
3. SE			RACE		5. DATE O		6. AGE (IN YE		DAY) IF UND	RIYEAR	IF UNDER 24 HRS
T.	emale		Black		MONT	26 11	_		YRS.	DAIS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FO	REIGN 76		WHAT COUNTR	Y? 8		9 BALTIMÓR	E CITY OR	COUNTY OF DE	ATH	
1	COUNTRY)	X	1 /		MARRIE	D NEVER MARRIED DIVORCED	***				
1040	ITY OR TOWN OF DEAT	н 11	NAME OF I	HOSPITAL, NUR		OR OTHER INSTITUTION	Wicon 12a USUALO		N 12h.	KINDO	F BUSINESS OR
		/		H FACILITY, GIVE STR			(TYPE OF WORK	FOR MOST OF V		USTRY	
USU	Salisbury AL RESIDENCE (IF NURSIII	MOME OR OT		GIVE RESIDENCE BEE		iter		-		79	GGG
13a	STATE	36 COUNTY		13c. CITY OR TO		134 INSIDE CITY LIMITS?	13e STREET A	DDRESS / 7	ZIP CODE	1994	07/
I	Elaware	Wicomi	co	Delma	r	YES NO	101 E	. Dela	aware Av	e	Delmar
5	ATHER'S NAME FIRST	MID	DLE	LAST		15. MOTHER'S MAIDEN NA.	WE	WIDDLE		LAS	T
	WAS DECEASED EVER IN			166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRES:	S		
(	VES, NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	578-03	-7790						
_	18 CAUSE OF DEATH	(Enter only )	ane course ner			/				APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DE ATH WA	S CAUSED B	BY:		mary	edena					64
		MMEDIATE (		1	/	Calchin				, ,	
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	Canditions, if any,	ediote	(b)								
	couse (o), stoting underlying cause	last.	DUE TO, O	R AS A CONSEC	DUENCE OF						
			(c)								
z	PART 2 OTHER SIGN	IFICANT COI	NDITIONS <u>CC</u>	ONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	ORCONDI	ITION GIVEN IN	PART III	
CERTIFICATION	19a DATE OF OPERATI	ON	10h COND	ITION FOR WALL	CH OBERATIO	ON WAS PERFORMED	20a AUTO	DSV2	20b. IF YES, WER	EEINIDIN	ICC HEED
FICA	198 DATE OF OPERATI	014	198. COND	ITION FOR WHI	CHOPERATIC	N WAS FERFORMED			IN CERTIFYING	CAUSES	OF DEATH?
RT				5 15 111 15 17		121. 1101/11111111111111111111111111111111	YES	NO	YES		ио 🗌
	21a. ACCIDENT WAS UNDE		HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY	IN ITEM 18 PART I OF	PART 2)	
CA	(IF EITHER NOTIFY MEDICA		P.	M.	19						
MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY	CE FARM ETC )	21f. LOCATION STREET		CITY OR TOW	N CC	YINU	STATE
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	220.1 certify that (I) (				m 70	-10 19 8	6, to_	U-2	9 19	76.	that (1) (ast
	sow the deceased	olive on	10-29	ofter death	56.0	nd that in (my) (ou) opinion	death accurred	on the da	and have ond t	rom the	causes stated
	226. SIGNATURE	01,010,1011	A	./	,	DEGREE			2	C DATE	SIGNED
		22	1.	Her	1	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF	and V	0/20	15-1
	22d. PHYSICIANISMA	ME (TYPE OR P	(1)	1		22e ADDRESS					
	THE	A T 3	OTA A TATO			Doomle Head	Manta-	0-74		15.3	04904
73n	BURIAL, CREMATION, R		23b DATE	12	31 NAME OF C	Deer's Head	123d LOCA		SOUTY.	VIO.	21801
	(SPECIFY)	1000			W. HAME OF	SEMETER FOR CREMATORY		ORTOWN	COUN	NTY	STATE
24 5	Remova I	L	10-31	-00		25- DAT	TE DEC'D BY DE	CISTRAPIN	L DECISTRADIC	SICNIAT	LIDE
29 h	NAME			ADDRES	S	"No	VASI	ORA"	REGISTRAR'S	SIGNAL	OKE .

DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

Balto., Md.

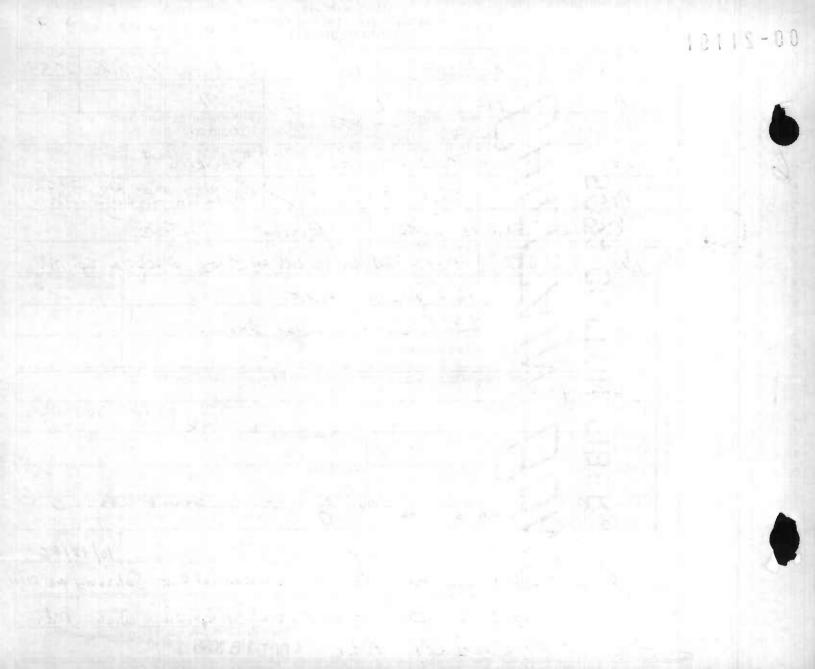
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may be page 3 er death	I. DI	CEASED NAME FIRST E OR PRINT)	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEA	0 2053m
with the same	L	M	DIK / 27 15 // YRS.	AYS HOURS MIN.
	70.8	(STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIEVER MARRIED WIDOWED DIVORCED WICOMICO	1 MD.
6 1180	1	alisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PENINSULA CENERAL HOSPITAL  120. USUAL OCCUPATION (TYPE OF WORKING LIFE) INDUST  121. KIN (TYPE OF WORKING LIFE) INDUST	ID OF BUSINESS OR
	USL 130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR		+3452
1 (1)	17	ATHERS NAME	MIDDLE LWARD JONES IS MOTHER'S MAIDEN NAME  MIDDLE JONES  MIDDLE JONES	Zs1861
		WAS DECEASED EVER IN U.S. AR	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT , ADDRESS	So, ml
ures that the death certificationed by the otherding physical process catoonaps bland, cremonian, or removalury, or other troumatic event,"	z	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b) Atherosclostic Vascolar Pisease  DUE TO, OR AS A CONSEQUENCE OF  (c)  (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	ROXIMATE INTERVAL RENONSET AND DEATH
The low on	песаток	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? IN CERTIFYING CAU  YES  YES  YES  YES  YES  YES  YES  YES	
SICIAN G Physic certicon certicon certicon certicon	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	2)
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De ATTENDO r houpted or DRECTOR, A Chedite over Dept of Health Rem 21 is mo				the causes stated
HOSPITAL Owned by the owned by the owned by the owned by the owned be determined by the polytopic of the polytopic owner, it is not the polytopic owner, it is not the owner, it		ROBERT	0 2 1	13/86 boy Md. 2180
8F_	730	BUREAL CREMATION, REMOVAL	1236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY (10-13-86 ZION UM & CA CEM, SHACFTOWN WILL)	m Jate
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	JOHNS 7/H	4. SALISTADORESS MA 250. DATE REC'D. BY REGISTRAR'S SIGN OCT 1 6 1986	Minker

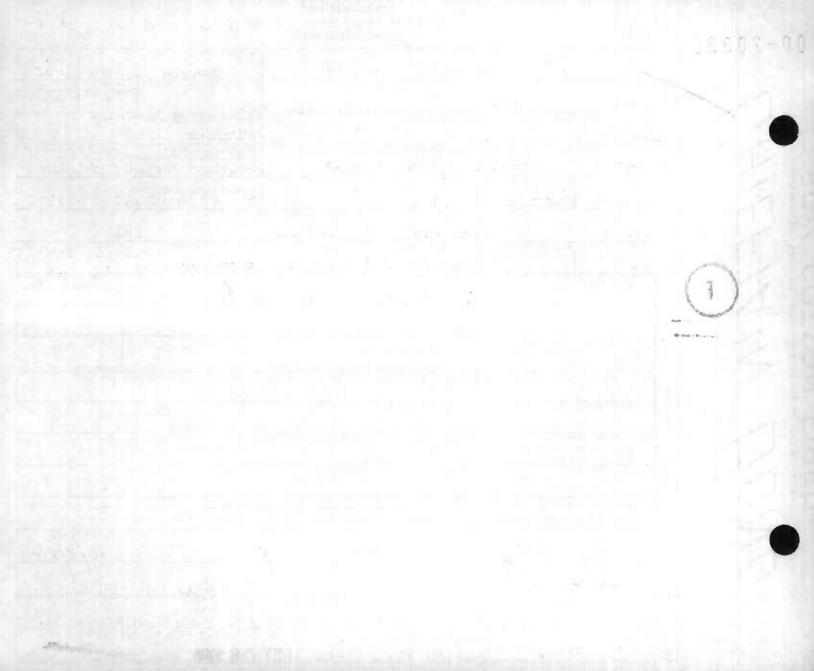


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(VRA 15, 4)

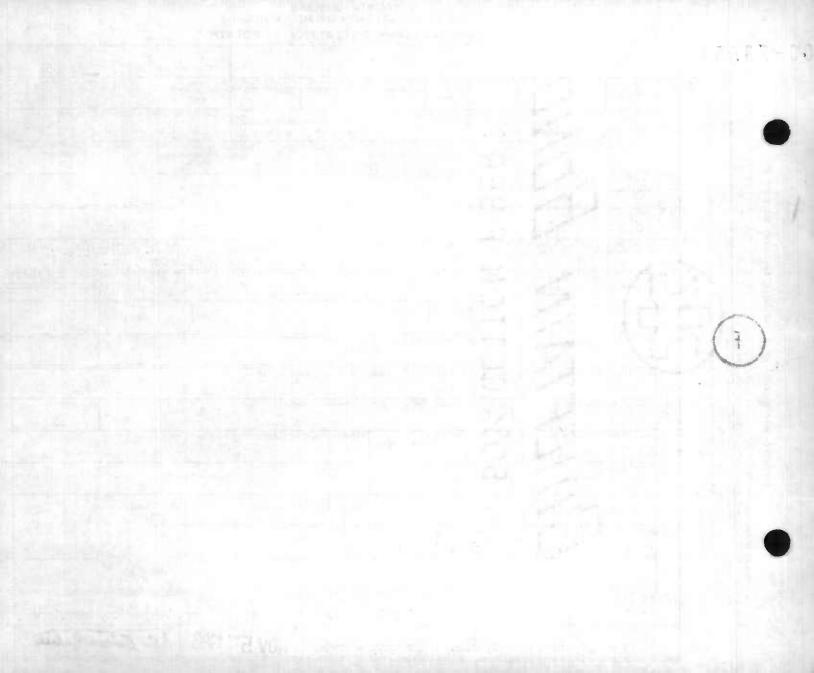


0-21710	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6 5 3	0 1 3	7
noy be a poge 3		PEASED NAME Bernice		lsie	156	eling	20. DATE OF DEATH MONTH DA	86 041	5 M
ge 4 mo.	SEX	lengal	4. RACE White		5. DATE O		75 YRS.		A HRS
nerol dir n 72 hou	7a. 816	HPLACE (STATE OR FOREIGN OUNTRY)	U.S		WIDOWE		BALTIMORE CITY OR COUNTY O     WICOMICO		MD
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100	130 S	L RESIDENCE (IF NURSING HOME OR JATE 135, COUN Wice	OTHER INSTITUTION	13: CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	204 Naylor Street	21801	
maktrand 1120		THER'S NAME FIRST	MIDDLE	Malone		15. MOTHER'S MAIDEN NAV	WIDDLE	Garnett	
	16a ∨ (Y	AS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES?	212-16-		2024 Greenage	eline K. DVhn (Da e Rd., Baltimore, M		
T., BALI		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause pe D 8Y: TE CAUSE (a)	rline for joi, (b), on	dien	shie heard?	Sadune	BETWEEN ONSET AND DI	EATH
he death cert ne ottending motion, or ret rtroumatic ex		Conditions, if ony, which	DUE TO C	OR AS A CONSEQUI	ENCE OF	manchor	4	TZhus	_
ot W. P	f	cause (a), stating the underlying cause last	(0)	RASIA CONSEQUI	clere		1 ducase	UKI	
requires requires sen signe to Then p or to bury,	TION	PART 2 OTHER SIGNIFICANT (			Tit.	NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED	
The low con. The hos by sit permisit pe	CERTIFICATION				OFERATIO		YES NOU YES	ING CAUSES OF DEATH	H?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir r attending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prirat to b orked or frem. 8 shows any injun	MEDICAL CE	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEL (IF EITHER NOTIFY MEDICAL EXAMINE)	ATH HOUR A	OF INJURY  ,,M. MONTH D  ,M. OF INJURY	AY YEAR	21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
DIVISIO ING PHY r offer this as the b os the b Ith and A	MEC	WHILE NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY OFFICE		STREET 10 86	CITY OR TOWN	COUNTY STA	ATE
ATTEND sported or CTOR. A for use of Heo		220 1 certify that (1) this hosp saw the deceased office are above (1) we taid (did no			<u>6</u> .01	nd that in my (aur) opinion	death accurred on the date and hour		e) last ted
TAL OR y the ho y the ho detochec detochec		22b. SIGNATURE	3 Level	seling	MK		MEDICAL STAFF DIRECTOR   PHYSICIAN	10. 17.86	,
TO HOSPITAL TO FUNERAL should be der with the Stoder With the Stoder		John G. Bulke				1	d. Salisbury, Md. 2	1801	
BP	(	SURIAL, CREMATION, REMOVAL SPECIFY Burial		/1986	NAME OF C		rdens Hebron, Wice		land
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTOR  Iolloway Funeral	Home,	P.A., Salis	bury,		E REC'D. BY REGISTRAR VIA REGISTR	AR'S SIGNATURE	ğ.

0 = 2 2 0 3 1		STATE OF MARYLAND
022037		FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & O 3 0 1 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
death. Page 4 may be funeral director. page 3 thin 72 hours after death	3. SE	TRITHPLACE STATE OF FOREIGN  TO STATE OF FOREIGN  T
d the	Sa	AL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION IN LARGE FOR EARLIST ADDRESS OR INDUSTRY HOUSE WITH ALL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY, GIVE RESIDENCE BEFORE ADMISSION)
BALTIMORE, MARYLAND 2120) cote be executed within 24 hours in yesicion and completely filled in by opers. Pages 1 and 2 should be filled with the medical exeminer must be active the medical exeminer must be active.	130. 14 F.	STATE OF COUNTY TISE CITY OF TOWN 13d INSIDE CITY LIMITS? 13d STREET ADDRESS / ZIP CODE 21864  ATHER'S NAME OF COUNTY YES NO WILL STREET ADDRESS / ZIP CODE 21864  IS MOTHER'S MAIDEN NAME  WAS DECEASED EVER IN U.S. ARMED FORCES? 16d. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BY SY 1906 BY SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BY SY 1906 BY SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BY SY 1906 BY SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BY SY 1906 BY SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BY SY 1906 BY SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BY SY 1906 BY SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BY SY 1906 BY SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BY SY 1906 BY SOCIAL SECURITY NO. 1906 BY SOCIAL SECURITY NO. 1906 BY SOCIAL SECURITY NO. 1906 BY SY 1906 BY SOCIAL SECURITY NO. 1906 BY SOCIAL SEC
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIN NG PHYSICIAN: The low requires that the death certificate be ottending physician. Wher this certificate has been signed by the attending physician as the burial-transit permit. Then please remove carbon papers. Prin and Mental Hygiene prior to burial, cremation, or removal: orked or them 18 shows any injury, or other troumatic event, the manner or the prior to burial, cremation.	NOI	18. CAUSE OF DEATH (Enter only one couse per line for 10), [b], and [C.3]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Conditions, if only, which gove rise to immediate couse (b), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
SION OF VITAL RECOR	MEDICAL CERTIFICATION	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)  216. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME, SIREE, FACTORY, OFFICE, FARM, ETC.)  217. STREET  218. COUNTY  218. COUNTY  218. COUNTY  219. COUNTY  219. COUNTY  210. INTURY OCCURRED  210. COUNTY  210. INTURY OCCURRED  210. COUNTY  210. INTURY OCCURRED  210. COUNTY  211. COCATION  210. COUNTY  211. COCATION  210. COUNTY  211. COCATION  211. COCATION  212. COUNTY  214. COUNTY  215. COUNTY  216. COUNTY  216. COUNTY  217. COUNTY  218. COUNTY  218. COUNTY  218. COUNTY  218. COUNTY  219. COUNTY  210. INTURY OCCURRED  210. COUNTY  21
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR: A solid be detached for use the Stote Dept. of Heal		272 Lettify the Di (this basqual) ottended the deceased from 9/1/66 19 to 10/12/66 19 that Di (this basqual) ottended the deceased from 9/1/66 19 to 10/12/66 19 that Di (this basqual) ottended the deceased from 9/1/66 19 to 10/12/66 19 that District in (this basqual) ottended the deceased of the dot on the couses stoted obove (1) (this basqual) view the body of the death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DI
BP	1	BYRIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STOCK TO WAR.  UNERAL DIRECTOR NAME  ADDRESS  DORESS  DORES
(VRA 15, 4)		Januer P Javage New (nurch, Vy. 1877)

	FOR STATE			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	8 6	3	0 1	4			
0-21.011	REGISTRAR  I. DECEASED NAM (TYPE OR PRINT)	Edna		her	·	cNelia		REG. NO DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR			
ige 4 may rector, pag urs after de		Female		4. RACE White		02 DAY 1907	6. A	GE (IN YEARS LAST BIR	UNDER I YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.					
death. Po	Cristiel	d,Maryland	76 CITIZEN OF WHAT COUNTRY? MAR WIDC 11. NAME OF HOSPITAL, NURSING HOM				7 6	Wicomico		MD.				
urs offer	Salisbu	ry	(F NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Peninsula General Hospital  OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)					126 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING 1 FE) INDUSTRY Retired Bookkeeper						
ed within 24 ho	Maryland	Wico	mico	Salisbury	y Y	13d. INSIDE CITY LIMIT YES NO	73	37 Richwi	ZIP CODE Drive	2	1801			
E, MARY	Rober			homas  166 SOCIAL SECU	PITYNO	Lula		MIDDIE		nknown	)			
BALTIMORI	(YES, NO OR UNKN		WAR OR DATES)	220-26-3		305 North	h Kay	wood Driv	ve, Sali	sbury,	Ad. 21801			
es that the death certifues that the attending phype attending phype attending phypelase remove carbon please remotion, ar remound, cremation, ar remotic ever	Conditions, gave rise cause (a) underlying	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Construct feature Breeze By.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ind.												
AI RECORI	STIFIC	OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMEN				Y	00 AUTOPSY?	NG CAUSES	VERE FINDINGS USED IG CAUSES OF DEATH?				
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Wher this certificate has been sig as the burlot-transit permit. Ther th and Mental Hygiene prior tot arked or fight 18 shalon any injur	OR CONTRIBU	T WAS UNDERLYING THE CAUSE OF DEAT DITIFY MEDICAL EXAMINER)  OCCURRED	P.M 21e. PLACE C	A. MONTH DA	19	21c HOW INJURY OC	CURRED							
OR ATTENDING PROPERTY OR ATTENDING PROPERTY OF After that of the or use as the Dept. of Health and Hittern 21 is marked	220.1 certify	that (I) (this haspite deceased alive an [I) (we) (did) (did not)	al) attended the	9- 190	96 , ar	of that in (my) (our) api	IG ME	EDICAL STAI	ote and hour o	ond from the				
TO HOSPITAL retained by it TO FUNERAL should be det with the State IMPORTANT:	230 BURIAL, CREM	AN'S NAME (TYPE OR  AMES 4  MATION, REMOVAL	- 041F	23€ 1	NAME OF C	PHYSICIA 22e ADDRESS  LITE 12  EMETERY OR CREMATO	ME DRY 12	EDICAL 1	CENT		olde M			
DHMH - 16 60M 7/84 (VRA 15, 4)	(SPEC Buric 24 FUNERAL DIRE Hollow		10/13, Home, F	/1986   S <sub>I</sub>	pringh	ill Memory (	Garde	ns Hebror D. By REGISTRAR 15 1986						

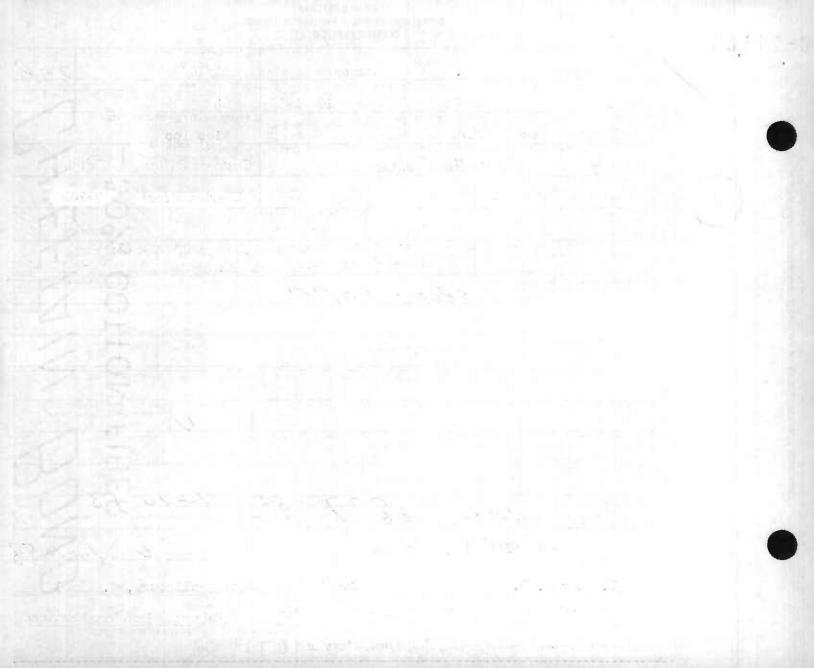
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1		11-	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  REG. NO.											S. Carrier	S.	do				
70-2	3051	1. DE	CEASED NAME	FIRST		WIDDLE			LAST			20 DATE	KNOWN		NTH	DAY	YEAR	26 HOUR		
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	ACES A	1, SEX	( ]	4 RACE	5. DATE OF B	IRTH			NDER 1 YR.	IF UNDER	24 HR5.	2c. DATE		MOM	-,	DAY	YEAR	24 HOUR		
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	SE S	F.C	REIGN COUNTRY	Marylar				WIDO	RIED   NE	VER MARR	IED 🔼			_						
	SESS -		19. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126											b KIND						
	SEASON O		Salisb	11737	(IF NOT IN SUICH FACILITY, GIVE STREET ADDRESS)  Peninsula General Hospital  FOR MOST OF WORKING LIFE!										OR IN	DUSTR	Y			
-	DE NORTH	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)											-	80.	\$					
E SOFTON			Maryland	136 COM	Comico	13c. C	Salisbury		YES T	NO [	609 Jefferson Stree			no.t	16/8/0/					
X 9	# 20 00 -		ATHER'S NAME	1	T Garisbot				15 MOTHER'S MAIDEN NAME											
RE.	302957		Thomas	Bria	an Miller Asst				FIRST AND DIS						asc	ason LAST				
MO	S S O S S	16a \	WAS DECEASED		VER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17.					17. INFORMANT Thomas & Ruth A. Miller (Pare							iren	ts)		
ALT	A HA		609 Jefferson St., Salisbury, M									Md.	d. 21801							
- 2	DI WHEN		18 CAUSE OF	DEATH (Enter or	ly one couse po	er line for (a),	(b), ond (c).)											INTERVAL AND DEATH		
N N	A ERW	1	PARTIDE	ATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o)_		Cer	ebral	Pals	y										
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12,	<b>自用资金</b> 为的	13	Conditions, if ony, which gove rise to immediate (b)													300				
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25	20.00	1	(c)															100		
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REC	- CARAGE	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?												20 AUTOPSY?					
14	SA PROPERTY.	5	THE CONDITION FOR WHICH OPERATION WAS PERFORMED!																	
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DIVISION OF VITA	THE VOID THE VOID TAMES	_	HOUR AM, MONTH DAY YEAR													2)				
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DIV	NS GE VRITII ARDEI GE 3 (GE 3 20) P	N N				T, FACTORY, FARA			STREET			CITY OR TO	WN		COUN	ITY		STATE		
	E, WA WA PAC STA1		WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUNTY STA																	
	SE S			y that I took charg		_			osy X.	Inspection	n LJ,	Inquiry	Ш	and in m	y opir	nion				
	ERTIFICO BE DIRECT		death resulte	death resulted from: Natural causes XX Accident, Suicide, Homicide, Undetermined monner,																
	MAR WITH		ACTUAL SIGNATURE WOULD M.D. ASSISTANT MEDICAL EXAMINER SIGNED												7.0	101	100			
	SET		SIGNATURE_	hadri	7.00	mid	CONC	<del>_</del> ^	A.D. ASS	Istani	MEDI	CALEXAM	AINER	SH	GNED		/31,	/86		
	WED AND AND AND AND AND AND AND AND AND AN		EXAMINER'S N	NAME Mar	garita	A. Kor	ell. M	D	ADORECE		111 0	enn s	C+-							
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	23a.B		ION, REMOVAL			NAME OF C		ADDRESS_	ORY		CATION	وماك							
07/84		(5	Burial	- AC	11/3/19	86	Springh	ill Me	emory	Garde			n. Wi	icom	COUNT	Ma	ryla	nd		
25M			UNERAL DIRECT							25a. DATE F	REC'D. BY	REGISTRA	R Mark	CISTRA	2'S S V		-	-		
	DHMH - 17 (VR A15 ME (5))		Holloway	y Funeral	Home,	P.A., S	Salisbur	y, Mo	ryland	NOV	15	1986	9.3	la Di	unde	m.K	adal	K		



			FOR		DI		OF MARYLAND EALTH AND MENTAL H	ACIENE (3	~ ~	1	ei .5
2135	8	1-	STATE REGISTRAR		Di		ICATE OF DEATH	REG. NO	o.		
	-		- FLOTO LALVATE	FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
poge 3	1	TAPE	OR PRINT)	Iton Jos	eph	M	ills	0	ct. 11	19861	1330m
ter p	4	3. SEX		4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) WUNI		F UNDER 24 HRS.
urs of		0	male	whit		Jan		84	YRS.		MIN.
2 40	57	7a. BI	RTHPLACE (STATE OR FOR		F WHAT COL	JNTRY?	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF D	DEATH	
2	2		Md.		5. A.	WIDOWE					MD.
iled with	20		lisbury	(IF NOT IN 5	SUCH FACILITY, GP	NURSING HOME OF STREET ADDRESS)  NETAL HOS	ROTHER INSTITUTION Spital	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Tarmer		2b. KIND OF E NDUSTRY	BUSINESS OR
bef	279	USU/	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTE	ON GIVE RESIDEN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7 ID CODE		
pind	敦り		Md.	Dor.	Camb	ridge	YES NOW	rural r		21	613
N N	Da.	18 FA	THER'S NAME	MIDDLE		AST	15 MOTHER'S MAIDEN N				
puo	ž/(	1	Walter	Preston	Mil		Lena	WIDDLE	He	orsem	an
ě .	Col		VAS DECEASED EVER IN	U.S. ARMED FORCES	? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE			-
2	med	10	NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	217-	36-0443	W. Lake M	ills Rt 1	Box 7	7 Cam	b. Md.
0	(2)		18 CAUSE OF DEATH (	Enter only one couse p	er line for (o),	, (b), and Ici.1		,		APPROXIMA BETWEEN ON	ATE INTERVAL
O C U	Ven			CAUSED BY: MEDIATE CAUSE (0)_	ca.	vollo-R	esp an	cet.			100
560	¥				OR AS A COL	NSEQUENCE OF	T			+	
10	1		Conditions, if ony, w	hich ( (b)		ynynu	ong III	y to me	tasta	110	
با	othe		gove rise to immed couse (a), stating	diote	OR AS A CO	NSEQUENCE OF	+ Turro	in in RI	- Hear	1.	
r to buriol,	lury, or	NO		ICANT CONDITIONS			NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	V PART 10	
prior	à la	CERTIFICATION	190 DATE OF OPERATIO				N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE		
giene	shows	TIF	10000					YES NO	YES [		NO 🗌
OT	188		210. ACCIDENT WAS UNDER		OF INJURY A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJU	EY IN ITEM 18 PART 10	OR PART 2)	
Mentol	= 7	MEDICAL	(IF EITHER, NOTIFY MEDICAL		P.M.	19					
the b	8	MED	21d. INJURY OCCURRED	LAT HOME	E OF INJURY STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn C	COUNTY	STATE
3	orke		WHILE AT WORK	U					101		
Leo	E		220.1 certify that (I) (th				19_\$1	, to 10/1/	19_		ot (I) (we) lost
0 0	121		obove, (I) (we) (did	olive on Oli	dy after death	19, or	d that in (my) (our) opinio	on death occurred on the de	ate and hour and	from the ca	uses stoted
Dept	If hen		22b. SIGNATURE	Mh &	10.0		DEGREE	MEDICAL STAL		22c DATE SH	GNED 6
be deto e State	Z /		224 DUVE ICHANIC MAAA					MEDICAL STAL			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
should be der	APORTA		226. PHYSICIAN'S NAM	Mel	91 .		270 ADDRESS 14 6	Easter SALL	n she		SILIVE
W 3	≤	23a B	SURIAL, CREMATION, RE			23c. NAME OF C	EMETERY OR CREMATOR	Y 236 LOCATION		UNIY	STATE
	_		burial	10/1	4/86	Greenl	awn Cem.	Cambri		or.	Md.
16 60M	7/84	24 FL	JNERAL DIRECTOR		4.5	DDRESS	25a. D	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S	SSIGNATUR	₹E
A 15, 4		-	THOMAS FUN	NERAL HOM	E CÂ	MBRIDGE	MD.	OCT 2.0 1986	Samuel	Property.	The same

.dva Trxot la atta att. att.

21489	1-	FOR STATE REGISTRAR Phon	s to	-21-86 CN		EALTH AND MENTAL H	YGIENE & S	3 NO.	0 !	64 63
8 24		CEASED NAME OR PRINT)	FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR 2	b HOUR
the state of	1. SE			RACE White	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)		IF UNDER 24 HRS
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	female RTHPLACE (STATE OR FOR COUNTRY) Blen Falls, Ne		CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	MD.
at white to	10. C	TYORTOWNOFDEAT		. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE Deer's Head	IRSING HOME C	Paul	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Business (	THORPO	126 KIND OF E	BUSINESS OR
(A)	15U.	AL RESIDENCE (IF NURSING	SHOME OF OTH	HER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	13d INSIDE CITY LIMITS? YES NO	P.O. 130X	S/ZIP CODE	2-1	80/
	0	THER'S NAME FIRST William	J.	Farre!		15. MOTHER'S MAIDEN N Margaret	MIDDLE		Lawle	
A Page		VAS DECEASED EVER IN YES, NO OR UNKNOWN!	U.S. ARME (IF YES, GIVE W	(AB OD DATEC)	18-0888	17 INFORMANWillia 87 Linda La	am J. Farrêll ine, Schenect	•	w York	
DS, ZOI W. PRESION ST., By quires that the death certifical signist by the attending physi- han please remove carbon pag- burnol, cremation or remans- quey, or other traumatic event.	N	Conditions, if ony, gave rise to imme cause (a), stating underlying couse	which diote the lost.	One couse per line for (a), (b) BY: CAUSE (o)  DUE TO, OR AS A CONS (b)  DUE TO, OR AS A CONS (c)  NDITIONS CONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVE		SET AND VEATIN
to the period of	TIFICATION	90. DATE OF OPERATE	NO	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDING YING CAUSES O	
SCLIAN. T	CAL CERTIF	21d. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR		URRED (ENTER NATURE OF IN	NJURY IN ITEM 18 PA	ART I OR PART 2)	2754
offer the or the burner of the the burner or	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR	town	COUNTY	STATE
ATTENDA explicit or ECTOR A for use of for use t of Health		saw the deceased abave, (I) (we) (die	alive on	attended the deceased f	0	nd that n (my) (aur) opinio	on death occurred on the	date and haur	and from the co	
FEAL DIES		226 PHYSICIAN'S NAM	AE TYPE OR P	som,	M-0	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS		TAFF SICIAN	220 DATE SI	-1086
O HOSE	L	K. Yoo	n M.	D.		Deer's Head	Center Sal	isbury	Md. 218	01
BP		BURIAL, CREMATION, RI (SPECIFY) Crema		10/14/1986		emetery or cremator	Salisbur	y, Wico	mico, Mo	aryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	Holloway Fu	neral	Home, P.A.,	Sälisbury		CT 1 7 1986	AKIZSD. REGISTI	KAR'S SIGNATUI	RE



					STAT	E OF MARYLAND						
1-21675		FOR STATE REGISTRAR			CERTIF	ICATE OF DEA	TH	REG. N		) : 4 3		
် မေး		CEASED NAME OR PRINT! Lillian	FIRST	atherine	Mo	rris	2	DATE OF DEATH	MONTH DAY	986 1522 M		
noy be poge r deat	3 SE		4. RACE	amerine	5 DATE C	OF BIRTH	6.	AGE (IN YEARS LAST BI		DER 1 YEAR OF UNDER 24 HRS		
rector		Female		nite	*04	14 189		88	YRS			
nerol di		RTHPLACE (STATE OR FO		U.S.A.	MARRIE	D NEVER MARE	RIED 🔟	Wicomico	OR COUNTY OF D	EATH MD.		
1 1 80	Sa	ty or town of deat alisbury	Peni	nsula Ge	neral Ho	or other Institut		28. USUAL OCCUPAT TYPE OF WORK FOR MOST Housewife		L KIND OF BUSINESS OR DUSTRY		
AND 212	130	AL RESIDENCE (IF NURSIN STATE Maryland	IG HOME OR OTHER INSTITE 13b COUNTY WICOMICO	13t. CITY		13d. INSIDE CITY L	Second .	STREET ADDRESS	/ZIP CODE Pittsville	21850		
MARYLAND 24	14 F/	John THER'S NAME	MIDDLE	Web		15. MOTHER'S MA Manie	AIDEN NAME	MIDDLE	{	Dennis		
ALTIMORE, Page 1	160 \	VAS DECEASED EVER IN YES, TOPRUNKNOWN)	N U.S. ARMED FORC (IF YES, GIVE WAR OR DAI		L SECURITY NO. -12-0221D	Same as	Albert #13e	Morris (So	n)			
death centrate officers over corbon poperion rounding.			which	O, OR AS A CO	ISEQUENCE OF	n Cora	inn			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
S, 201 W. PR	7	couse (a), stating underlying cause	Couse 10), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF The Colon  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requirenteding physicion. Wher this certificate has been signs the bunal-transit permit. There is not mental Hygiene prior to be orked or Item 18 shows any injur	CERTIFICATION	190 DATE OF OPERATE	on Ob. C	ALLO ONDITION FOR	WHICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?		
TYSICIAN: TI ding physica s certificate burial-transit Mental Hygin	MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	ALEXAMINER)	P.M.	TH DAY YEAR		Y OCCURRED	ENTER NATURE OF INJ		PPART 2)		
NVISION OUT PHY offer this of the bush hond M hond M	MED	21d INJURY OCCURRE	(ATHO	ACE OF INJURY ME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR T	OWN C	OUNTY STATE		
TTENDING or CTOR A for use of Health		220.1 certify that (1) (1) saw the desease	- // //	1/5	6/2	, 1	9 8/5 ) apinian dec	to 2 5	date and hour and	from the causes stated		
ITAL OR A by the host RAL DIREC detoched for E Dept.		They A	Juli	2			NDING SICIAN	MEDICAL STA		10/5/86		
TO HOSPITAL		22d. PHYSICIAN'S NAM	PA In	sley				enter so	alisbury, M	Md. 21801		
BP	230	BURIAL, CREMATION, R		/9/1986		EMETERY OR CREA		23d. LOCATION CITY OR TOWN ETY White	n Wisson	ico, Marylan d		
DHMH - 16 60M 7/B4 (VRA 15, 4)		JNERAL DIRECTOR Hölloway F					OCT DATE R	2 2 SOO	ASB. REGISTRAP'S	SIGNATURE		

COTO 28th file town

									STATI	OF MARYLAND		-		20 7
00				1-	FOR STATE			DEPAR		EALTH AND MENTAL HY	GIENE 8 6	5	UI	-; Q
UU	- 1	28:	95		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	).		1
					CEASED NAME	FIRST		MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
	be '	deoth deoth	1	1	OR TRIBUTY	Oliv	er	В.	M	ORRIS Jr	· OCTOBEO	29	1986	2256 M
	E C	er d	7	3. SE	(		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT			F UNDER 24 HRS
	3e 4	rs of	194		Male		White		Sept.	4 DAY 1919 TEAR	67	YRS	THS DAYS	HOURS MIN.
	P.	hou	NI	70. BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8		BALTIMORE CITY O		DEATH	
	eath	n 72	10		laware		USA		WIDOWE	NEVER MARRIED	Wicomico			MD.
W	- TO .	e fo	1	0 CI	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURS	ING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION			BUSINESS OR
10	soft	led th	E C	Sai	Lisbury	/	Peninsu	ila Gene	ral Ho	spital	Owner		Dispens	sary
212	hou	be f	3/16	USU,	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		0	CH144
Q.	24	filled	10		laware	Suss		Selbyvi	lle	YES NO TO	6 Pine Road		wick /	77//
XI.	the .	2 set	1200	I FA	THER'S NAME		upaus.			15. MOTHER'S MAIDEN N	AME			
MAR	3 .	and	4/0	1	Öliver		B.	Morris	s Sr.	Laura	MIDDLE		Long	
E.	ecni	parker,	1		VAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE		100	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE; MARYLAND 2120	8 0	elle		(	es, no or unknown)	I F TES, GIV	E WAR OR DATES)	250-12-	-3761	Helen L. M	orris, Selby	ville,	Delawa:	re
SALT	of o	100	9		18 CAUSE OF DEAT	H (Enter on	ly one couse per	lyfe for (a), (b),	ond (c).1	1001	,		APPROXIMA BETWEEN ON	ATÉ INTERVAL ISET AND DEATH
1, T	rtefic	0 0 0			PART I. DEATH W		E CAUSE (o)	Myson	card	ral m	Assym			
NO	h ce	orbe	ofic				DUE TO Ø	A AS A CONSEQ	UENCE OF	00	111	X	7	
EST	deot	otte ove tion,	E		Conditions, if ony,		( 16x	Muso	Siles	voic Con	NOVA WAR	- 60m	Horas	
P.	the the	гет	er tr		gove rise to imm couse (o), stotin	g the	DUE TO, O	R AS A CONSEQ	UENCE OF		ON THE			
<u> </u>	that:	eose ol, cr	- D		underlying couse	lost.	( (c)							
5, 20	Sires	en pl	٥٠,٧٠	7	PART 2 OTHER SIGN	WACANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT		MINAL DISEASE OR SONE	HITON GIVEN	IN PART TO	
ORD	pe .	r. The	ic .	Į.	remal L	Mes	nma	e in	relas	- 1-	me Obry	now	Di	2
REC	10	4 1 4	21	CERTIFICATION	1% DATE OF OPERA	NON	196. COND	TION FOR WHIC	H OPERATION	WAS PERFORMED	28a AUTOPSV2		G CAUSES O	DEATH?
LAL	2.0	なりの	0/	E			40. 400.4	E ICLUSION			YES NO	YES [	read	NO []
F	No.	100	00	140,0	OR CONTRIBUTING	The state of the s	HOUR A.		DAY YEAR	ZIE HOW INJURY OCCU	RRED (ENTERNATINE OF PAUR	PATENTIA III PART	( DEPART 2)	
Ō	37 p	III.	1/	MEDICAL	I F ETHER, NOTIFY MEDI	M. EXAMINER	φ.		19	9-1				
SO	11	143	ė e	VED	SIN MANNEY OCCURE	Billion	THE PLACE !	OF INJURY	LYANA DCL	2H LOCATION	city og tav	m /	COUNTY	55A19
NIG	95	100	orke or		AT WORLD	, U			A	6 7	a ma	1	1	
	9.0	413	2		220.1 certify that (I)		ol) attended the	decorated from	78%	19/1	10 10 20	7 19.	DA the	at III (we) lost
	E 4	200	17		obove, (f) (we) is		I view the body	after abath.	00 00	d that in (my) (pet) optimo	n death accurred on the do	te and hour an	d from the co	oun stated
	8 -	Dist.	1	B	77h SIGNATURE	11	MI	-	4	ATTENDING	MEDICAL STAF		774. DATE SI	GNED
	At .	the state	9			10	-	-		PHYSICIAN	DIRECTOR   PHYSIC	IAN []		
	20 P	7 7 7	-		22d PHYSICIAN'S NO	WE THE O	PENE			27s. ADDRESS				
	0	024	2/									-		The second
no	100	no	3		URIAL CREMATION,		73h DATE			METERY OR CREMATORY	ZIE LOCATION	- T	OLDN'TS	1349
14	989	44	-		Burial		Nov. 1	, 1986 1	Millsbo	ro Cemetery	Millsboro			DE
11	DHMH	to som	7/84	24 FL	NERAL DIRECTOR	150	100	CADDIN 2	17 -01	2 \ () 250. D	ATE REC'D. WILL STRAR	Sh. BEGISTRAF	R'S SIGNATUR	E alla
	(VR	(A 15, 4)		/	KANDON IA	1/40	the me	, QUI	MATTER V.	2 600	9	10.00		11000

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## STATE OF MARYLAND

8 6 REG. N	10.	3	0	il in	4	ਰੇ
ATE OF DEATH	MONTH	DAY	YEAR	2b	HOUR	

0-22547	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	IEALTH AND MENTAL HYC	0 0	3	0	4 8
. 85 1		CEASED NAME FIRST		MIDDLE		AST	REG. N 2a. DATE OF DEATH	MONTH D	)AY YEAR	26 HOUR
oge 3		Nelli		more		elson	10			230P.M <sub>m</sub>
ge 4 mg	3 SE	Female	White		Feb.	14,1°9°02	6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Po	The BIRTHPLACE (STATE OR FOR Maryland			MHAT COUNTRY? A.	WIDOWI		9 BALTIMORE CITY C Wicomico		OF DEATH	MD.
by the fu		Salisbury		HOSPITAL, NURSIN Taning Sive Street Taning Sive Street		DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C HOUSE WIF		12b. KIND OI INDUSTRY Own F	F BUSINESS OR Home
133	T30. 3		E OR OTHER INSTITUTION DUNTY .COMICO	Salisbur	N	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS . 212 Tilghm			1
	14 F/	THER'S NAME FIRST FRED	WIDDLE	Elmore		15 MOTHER'S MAIDEN NA FIRST Caroline	WE	Benn	LAST	ī
n and E	16a \	VAS DECEASED EVER IN U.S YES. NOR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECU 214-10-6		Henry E. Nel	son seesec	ESS		
physicio physicio physicio empopers ewent, the		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r anly ane cause per USED BY. DIATE CAUSE (a)	ling ar (a), (b), and	d ic.M	ucraidal	Worts	on	BET WEEN C	MATE INTERVAL ONSET AND DEATH
death ce otherding over carbin tion, or it		Conditions, if any, which	(d)	R AS A CONSEQUE		HEATING	15/00 dit	9	16	1000
by the cose remoist, cremoistrother tra		gove rise to immediate cause (a), stating the underlying cause fast		R AS A CONSEQUE	NCE OF	Tuo hea	of fail	he	9	eavs
equires in signed. Then ple	NO	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART IN	3
he low r hos bee t permit.	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN	OF DEATH?
SICIAN T ng physici certificate mol-trans entol Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT   OR PART 2)	
Offendin offendin ter this c s the bur nond Me	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
TENDIN TOR. After use a for use a of Health		220.1 certify that (1) this h saw the deceased alive the (1) wey (did) (die			72.	nd that in (by)(our) apinian	death accurred an the d	ate and have	and Iram the d	that we last causes stated
OR A DIREC DIREC Oched Dept.		77% GIGNAYURE		-A	1	DE GREE ATTENDING	MEDICAL STA	cc	22c DATE	
TO HOSPITAL efoined by th TO FUNERAL should be dete with the State		22d PHYSICIAN'S NAME (TO Dr. Roger C		JOULY)	۷	22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC Salisbury			7-1986 21801
should with	230	BURIAL, CREMATION, REMOV	/AL 23b DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		Burial	10-27-	1986 Wi	comic	o Memorial Pa	rk Salisb	ury, W	icomico	o. Md.
DHMH - 16 60M 7/84		INERAL DIRECTOR IKer*& Bounds	Salisbur	y, Maryla	nd 21	801 25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTR	RAR'S SIGNATI	URE.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

0.0		FOR				DEPART			AARYLANI		GIENE							
00-	20654	- STATE REGIS	TRAR						ERTIFIC			4	REG.	NOS 1	0	: 3		
		1. DECEASE	DNAME	FIRST		MIDDLE			LAST		. 2	DATE	KNOWN	MONTH	H DAY	YEAR	26 HOUR	
	日本名成立	(TYPE OR PRI	41}	Brenda	a Je	an		Pear	cson			OF DEATH	ESTI- MATED	□ 10	5	1986	0150	
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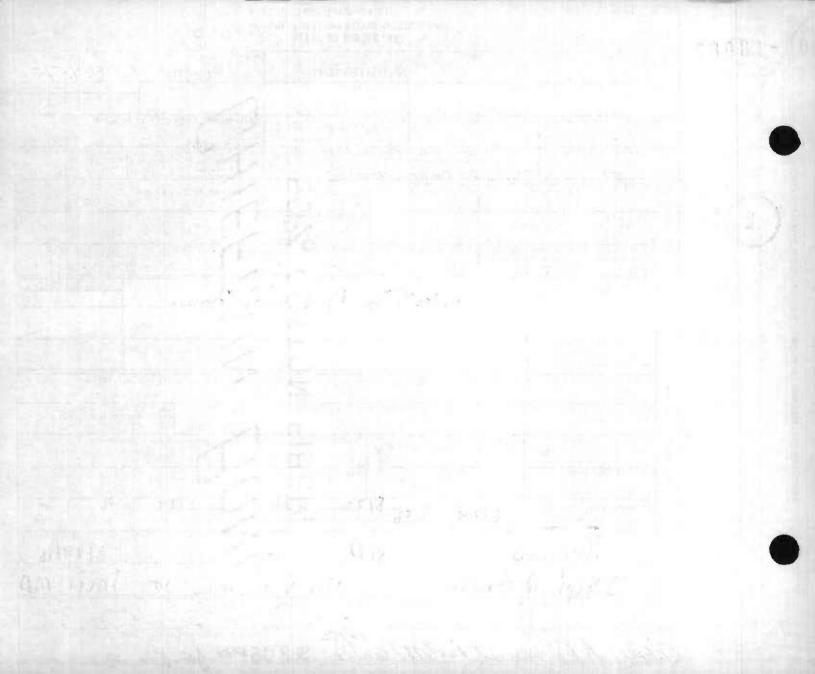
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oge death		PAUL W. Pennington F	rugust 24, 1986 1545 m
Poor d	3. SEX	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS	LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
He was	VIOLENCE OF THE SECOND	MONTH DAY YEAR	MONTHS DATS HOURS MIN.
8 9 5	Male	Caucasian   Feb. 27, 1929   5	7 YRS
2 92 1/	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED AND NEVER MARRIED 9 BALTIMORE	CITY OR COUNTY OF DEATH
# 55 A	COUNTRY)	LICA DATABASE D	
4 51/5/	Del:aware	USA   WIDOWED   DIVORCED   WICOME  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120. USUAL OCC	CO MD.
1 23 3//	O CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	TPATION 126. KIND OF BUSINESS OR MOST OF WORKING LIFE) INDUSTRY
5 5 70	Salisbury		e Tender StateHQ Dpt.
2 2 277	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	(1(1/166)
0 4 3 41			RESS / ZIP CODE
3 / 2 - 10 / 12	Delaware Su:	ssex  Laurel   YES□ NOX□ Rd 495	19956/
量(青田宝田、利力)	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
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8 1 26 2			DR Laurel DE
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8 1 122 1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPS	206. IF YES, WERE FINDINGS USED
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COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Deer's Head Center, Salisbury, Md. YOON. KYUNG OOK M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Worcester Maryland Berlin BURIAL 10/18/86 Evergreen Cemetery 24 FUNERAL DIRECTOR Rt.#2. Jersey Road 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE and the state of t JULLEY MEMORIAL CHAPEL SALISBURY, MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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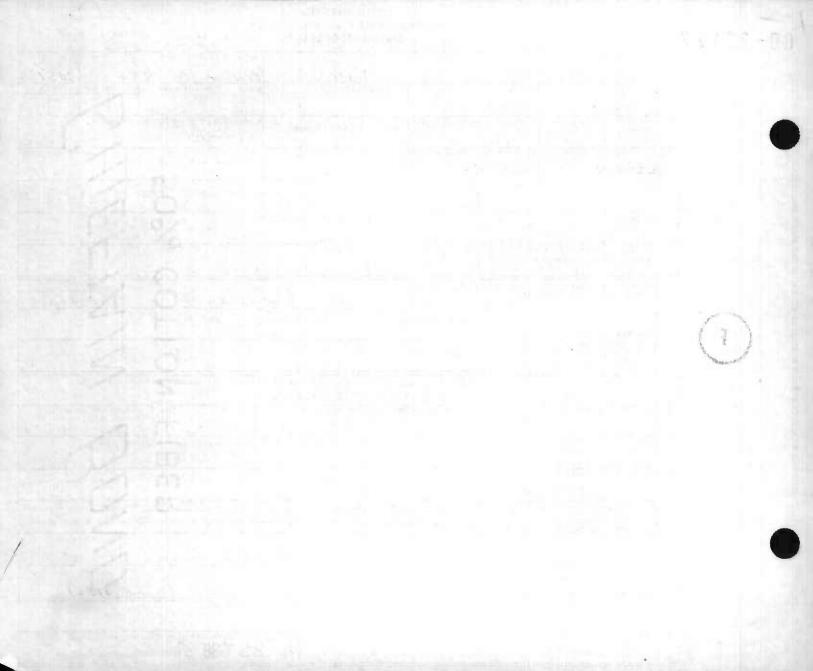
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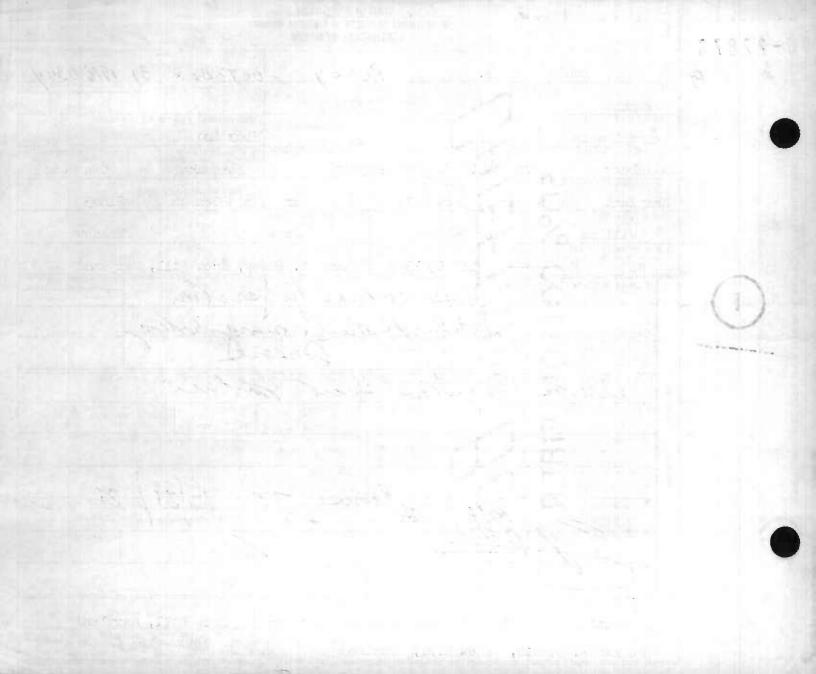
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH () REGISTRAR DECEASED NAME 20. DATE KNOWN X Charles Pruit.t. OF ESTI-Edward 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c DATE Jan 18 White PRONOUNCED 1511 Ma.le 118 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Marviand U.S. Wicomico WIDOWED . DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Peninsula General Hospital SelfwEmployed Salisbury BRHTESP2 SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Workester Marvland 13d INSIDE CITY LIMITS? Rt. 12 Box 184 13SHIYER TEWN M FATHER'S NAME 15. MOTHER'S MAIDEN NAME Pruitt LAST MIDDTaylor FIRSTohn Pearl LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, WUNKNOWN) 230-18-0598 Wife. Maize. Same. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PARTIDEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Arteriosclerotic Cardiovascular Disease years gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO X 21a EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 2 If LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Inspection 228 I certify that I taak charge of the remains described above, held an Autopsy Natural causes Suicide L Homicide \_\_\_ Undetermined manner 10/22/86 MEDICAL EXAMINER EXAMINER'S NAME Thomas C. Hill Jr. Pine Bluff Road, Salisbury, Maryland TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY Burial 10/25/86 Cam Stockton Worcester Md. Portersville Meth 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Pocomoke City, Md. (VR A15 ME (5))

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH L DECEASED NAME 2b. HOUR TYPE OR PLANE Robert D. 1 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR August 13 1919 White Male BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Wicomico New York DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Salisbury Peninsula General Hospital Educator College USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]
130. STATE 136. COUNTY 136. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Rt.1 Box 98 13d. INSIDE CITY LIMITS? Selbyville Delaware Sussex 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE S. Nettie Brewer Howard Rappleye ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN 578-09-8551 Laura E. Rappleye , Selbyville, Delaware Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ē NO YES [ NO [ 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 0 COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET NOT WHILE 226.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on abave, (D'(we) (did) did not) view the bady after death 06 and that in (my (aur) opinion death accurred on the date and have and from the causes stated IN SIGNIATURE DEGREE 22c. DATE SJGNED ATTENDING 22d PHYSICIAN'S NAME LITYPE OF PRINTS 22e ADDRESS d b ÷ 236. BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Prince GeorgesMD Cheltenham Veterans Cheltenham, Oct. 24 1986 DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

3 5 5 5 5 6 Washington Co.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR I. DECEASED NAME 26 HOUR 20. DATE KNOWN PA MONTH DAY (TYPE OR PRINT) Reddish, Sr. Lindbergh George DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR DATE PRONOUNCED 0140 Male White 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED X NEVER MARRIED Salisbury, Maryland U.S.A. Wicomico ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Peninsula General Hospital Serviceman Salisbury Rt. 6 Box 60 Old Ocean City Rd. Maryland Wicomico Salisbury 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Edna Belle Bennett John Reddish Staton 17 INFORMANT Helen E. Reddish ESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES, NO, OR UNKNOWN) 213-22-7979 Yes Same as #13e APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 71f. LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY WHILE AT WORK Inspection K 22a. I certify that I took charge of the remains described above, held on Autopsy Homicide Undetermined manner 10-21-86 DATE John Bulkelev Salisbury, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 1236 NAME OF CEMETERY OR CREMATORY Reddish Family Cemetery Salisbury, Wicomico, Maryland 10/24/1986 Burial BP 24 FUNERAL DIRECTOR **DHMH - 17** Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (5) 20M 4/82

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 20 DATE KNOWN X MONTH . DECEASED NAME (TYPE OR PRINT) Reddish James DEATH MATED 1805 6. AGE (IN YEARS IF UNDER TYR. 3 SEX DATE OF BIRTH IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCED 3 14 Male White 1805 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED E NEVER MARRIED Salisbury, Maryland U.S.A. Wicomico IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS Floor Sander Salisbury Peninsula General Hospital 610 Coulbourne Mill Rd. Salisbury 13d INSIDE CITY LIMITS? Wicomico Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Willis Reddish Pearle Francis James MAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Marguerite F. AReddish (Wife) 166 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) 214-10-9495 Same as #13e Yes 18 CAUSE OF DEATH (Enter anly ane couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Hypertension. Diabetes Mellitus 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211. LOCATION CITY OR TOWN WHILE AT WORK Inspection X 220. I certify that I took charge at the remains described above, held on Autopsy Natural causes X Accident Suicide Hamicide Undetermined manner 10-7-86 MEDICAL EXAMINER John T. Bulkeley, M.D. ADDRESS Salisbury, Maryland Burial 10/11/1986 St. Stephens Cemetery Delmar, Sussex, Delaware 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR: 125b REGISTRAR'S SIGNATURE DHMH - 17 Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (51)

STATE OF MARYLAND

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5 € ±#3 ₹	23a I	BURIAL, CREMATION, I	REMOVAL	23b. DATE		23c. NAME		Y OR CREMATOR		E LOCATION			
BP		(SPECIFY) Burial		10/22	2/1986	St. N	ary's C	Cemetery		Tyaskin,	Wicom	ico, M	aryland
	24 F	UNERAL DIRECTOR								D. BY REGISTRAR			
DHMH - 16 60M 7/B4		Holloway Fu	neral	Home, F	P.A., 49	alisbu	v. Mar	yland N	CT 2	7 1000	S. A.	in de	. ONL

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-20503 MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG NE L DECEASED NAME 2h HOUR 20 DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Eatrice DEATH MATED Richardson 1986 1100 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 31 Black DEAD Female 186 11 1 0 ด 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X WIDOWED DIVORCED Wicomico ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Allen Road, Allen. Maryland Deving Machine 38 STREET ADDRESS 13d INSIDE CITY LIMITS? ROXS FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST 1 Caip 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO 1 (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 ED AS A BUR HEALTH AND NL, CREMATIC PART 2 DTHER SIGNIFICANT (DNOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Diabetes Mellitus CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARTMENT OF YES [] NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, Inquiry X Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted fram: Natural causes Accident Homicide Suicide Undetermined manner TITLE (SPEC)FY) Deputy 10-5-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John T. Bulkeley. Salisbury, Maryland TYPE OR PRINT ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 07/84 Isbury 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Word DHMH - 17 (VR A15 ME (5))

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(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

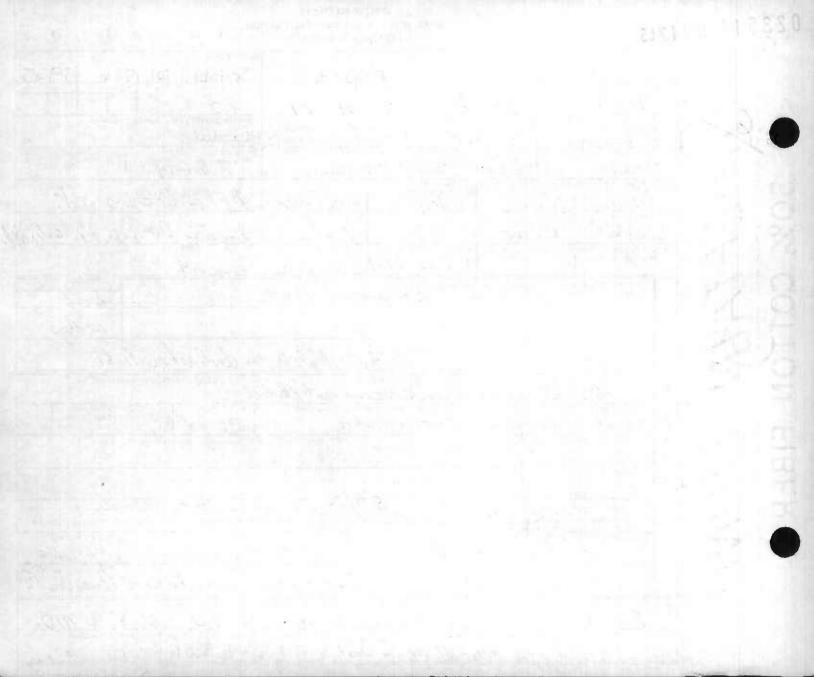
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH DAY YEAR 1. DECEASED NAME 2h HOUR LITYPE OR PRINTS 5. DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY IF UNDER I YEAR 4 RACE 3 SEX AONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY 7n. BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED Wicomico DIVORCED pamo NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH (TYPE OF WORK FORMOS) OF WORKING LIFE) INDUSTRY Salisbury Peninsula General Hospital 13e.SJREET, ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME ADDRES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT IYES, NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: aunitis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting the is clip of scasses develoris from underlying cause last TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? excess developitions dicusity NOP NO [ 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 80 22a 1 certify that (1) this haspital) attended the deceosed from saw the deceased aliv and that in (my) (aur) opinian death accurred on the date and hour and fram the couses stated 77h SIGNATURE DEGREE 22c. DATE SIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b S. PAUL ENENCKI MIL 0 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 260. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR DHMH - 16 60M 7/B4 (VRA 15, 4)



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Newnam Funeral Home

22d. PHYSICIAN'S NAME STYPE OF PRINTS

Helen M.

Buria

230 BURIAL CREMATION REMOVAL

Baldah, M.D. 23b. DATE

10/15/86

Easton MD

22e ADDRESS

Md. Veterans' Cemetery

23¢ NAME OF CEMETERY OR CREMATORY

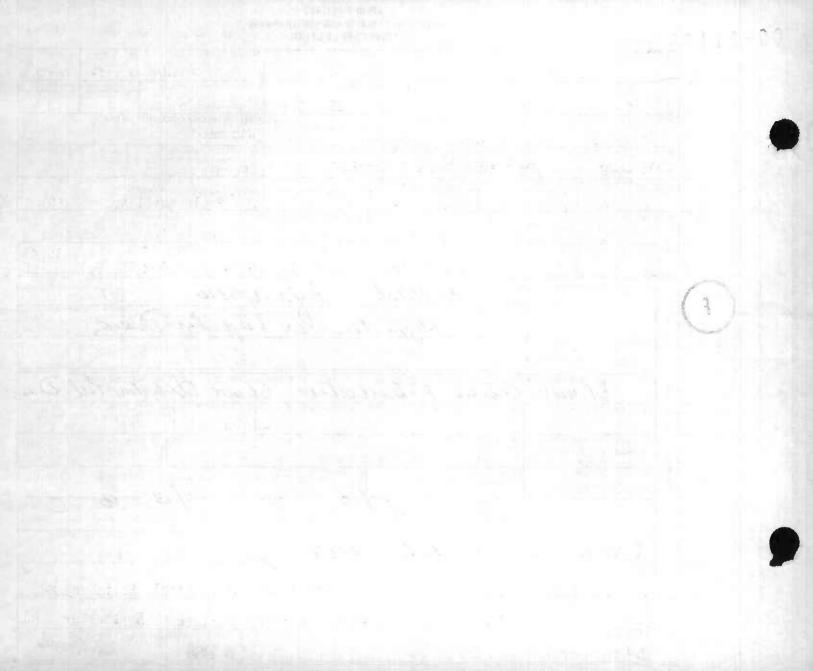
250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

23d LOCATION

Peninsula General Hospital, Salisbury MD

Hurlock

Dorchester



	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
0-20956	- STATE REGISTRAR  CERTIFICATE OF DEATH REG. NO.	
n.e	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR	
4 400	Clifton L. SMITH October 5, 1986 3 P	M
m offer.	1 RACE  S. DATE OF BIRTH  MONTH  DAY  YEAR  NOVEMBER 25. 1911  AGE (INYEARS LAST BIRTHDAY)  FUNDER 1 YEAR IF UNDER 23 HRS  MONTHS DAYS HOURS MINI  NOVEMBER 25. 1911	_
	MARRIED NEVER MARRIED WICOMICO	40
1/01	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  110. VIVING TOWN OF DEATH  111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  1120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	
5 / 1 1/	Salisbury Deer's Head Center / Gbore -	
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ARPTIA	FATHER'S MAINE MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	
decel of	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	To
ALL A STA	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).	4
S, 201 W. PRESTON ST ures that the death cert an place remove a bon blace combon rea uty, or obsertion for ea	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	-
A RECORD	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO	-
DEVITA Physicals refricals	21g. ACCIDENT WAS UNDERLYING	
VISION O Person on the so ond whe	(IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET  CITY OR TOWN COUNTY STATE	_
ATTENDES ATTENDES ATTENDES ECTOR, AH CONTROL OF CONTROL	220.1 certify that (1) (this hospital) attended the deceased from 19 5, that (1) (we) los sow the deceased alive an 19 5, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did) not) view the body after death.	st.
A STATE OF THE STA	226. SIGNATURE  Clsa U. Com MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	
D HOSPITA O FUNETA O FUNETA MANUEL MANUEL MA	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	1
21 2213	30. BURIAL, CREMATION, REMOVAL 23b. DATE 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
8P	FONERAL DIRECTOR  150 DATE REGISTRAR 250 REGISTRAR'S SIGNATURE	_
DHMH - 16 60M 7/84 (VRA 15, 4)	Stewart F. H. Cambridge Md. OCT 1.4 1986	

Silleon L. Shirt decourt, 1985 Abyendor e, 1311 fobmico

Salisbury Deer's load Center

1 - STATE REGISTRAR

DECEASED NAME

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CERTIFICATION

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TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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## STATE OF MARYLAND

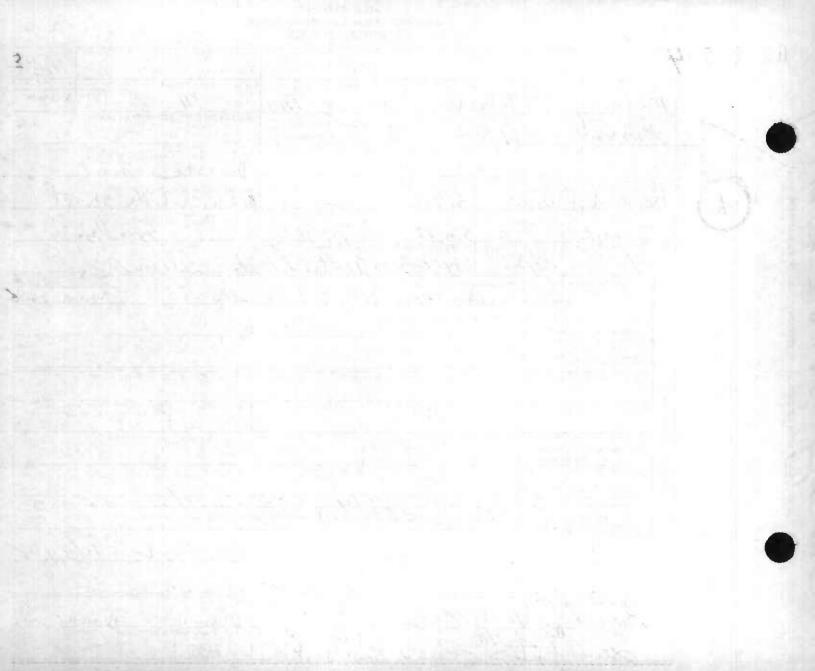
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

LAST

REG. NO.

20. DATE OF DEATH MONTH

ASED NAME HOT	MII	DDLE	LAST		20. DATE O	F DEATH M	ONTH DAY	YEAR	2b. HOUR	
Johnn	ie		Smith		Octob	er 3,	1986		1-43 M	-
	14. RACE		S. DATE OF BIRTH		6. AGE (IN	EARS LAST BIRTH	DAY) IF	JNDER I YEAR	IF UNDER 24 HRS	
ale	Rlac	K	MONTH 2	28 /91	4	71	YRS.	VIHS DAIS	HOURS MIN.	
HIPLACE JELVEY PORCH	76 CITIZEN OF W	HAT COUNTRY?	WARRIED E	EVER MARRIED	9. BALTIMO	RE CITY OR	COUNTYO	FDEATH	/	
ary/and	4.5.1	A	WIDOWED [	DIVORCED		comic			MD.	
OR TOWN OF DEATH		OSPITAL, NURSING		R INSTITUTION		OCCUPATIO			F BUSINESS OR	
lisbury	Deer's	Head Cent	er		Dóm	est'C	WORKING LIFE)	INDUSTRY		
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EFS NAME	AMERICA T	TAST	15 MC	THER'S MAIDEN	NAME	WIDDLE		1		
Chanie	P14000	Smith	1	nolle			600	lin	1	3
S DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECUR	TY NO. 17 IN	ORMANT	2	ADDRES	91	()		
IA N	IA	224-70-3	245 Do	thel	anke	All	len	mel		
E CAUSE OF DEATH (Enter of	anly one couse per li	ine for (o), (b), and	(c).)	,	and the same			BETWEEN	MATE INTERVAL	
PART I. DEATH WAS CAUS		rinom	2/un	0- 1:V	N meta	pus		Mer	R 198	5
IMMEDIA	ATE CAUSE (a)	7,0,1	-		1				7,750	
	DUE TO, OR	AS A CONSEQUEN	ICE OF							
Conditions, if any, which gave rise to immediate	(10)									
couse (a), stating the	DUE TO, OR	AS A CONSEQUEN	ICE OF							
underlying souse last	(c)									
PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT RE	LATED TO THE T	ERMINAL DISEA	SE OR COND	ITION GIVEN	I IN PART 10	) '	
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									OF DEATH?	
					YES 🗌	ио 🗌	YES		NO 🗌	
To ACCIDENT WAS UNDERLYING OR CONTRIBUTING [7] CAUSE OF D	THE RESIDENCE A AL	MONTH DAY	YEAR ZIGH	OW INJURY OC	URRED (ENTERN	ATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)		
THE ETHER, NOTHER MEDICAL EXAMIN	and the same of th		19							
M. INJURY OCCURRED	21e PLACE O			CATION			755	COUNTY		•
Twom I hor west I	(AT HOME, STREE	ET, FACTORY, OFFICE, FAR	M, ETC }	STREET		CITY OR TOW	N	COUNTY	STATE	
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saw the deceased alive c abave, (1) (w) (did) (XX	(At) view the bady a	ifter death.	, ond that	u (m) (đức) obir	ion death occurr	ed on the dot	e and haur o	nd from the	couses stated	
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SERAL DIRECTOR DUC	10-8 114 FIH	ADDRESS - GUNDU	West R	di 250	DATE REC'D. BY		Sb. REGISTRA	R'S SIGNAT		-

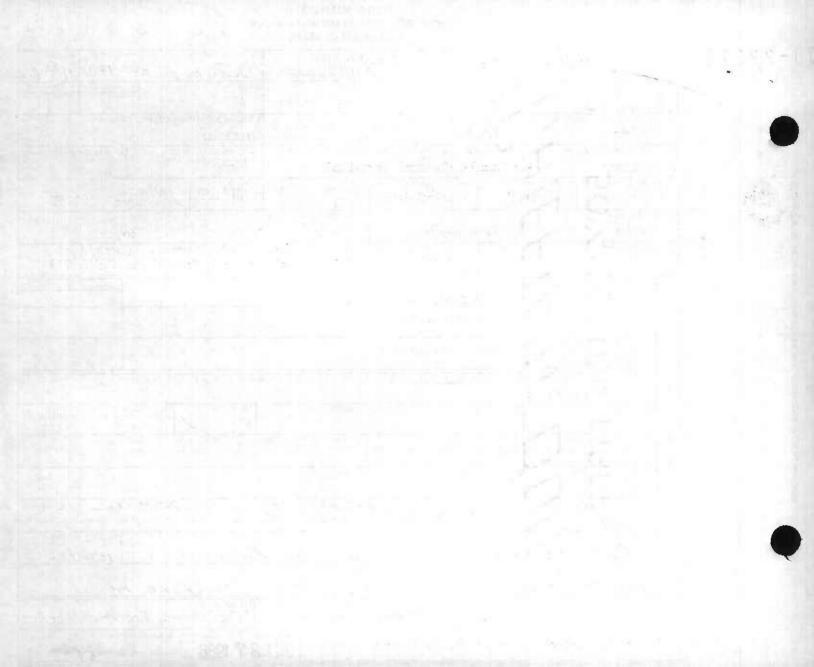


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TA .	4 4	1	ta F	THER'S NAME	PECO POTE CITY	7	5. MOTHER'S MAIDEN NAM	ME .	100/100	
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*	7	13.6		underlying cause last.	(6)	LIACE OI				
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8	9	1937	PICATION					VEC 0 NO 0	IN CERTIFYING CAUS	SES OF DEATH?
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>	N. A.	11 10	1000000	OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCURR	CED LENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
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S	96	4 6 4	-	AT WORK AT WORK				The state of the s		
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	TE POOR	250		saw the deceased alive an above, (I) (we) (did) (did nat	10 / //	and, and	that in (my) (con) opinian o	death accurred an the do	te and have and fram	the causes stated
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	or_		24 F	INERAL DIRECTOR	1-11711701 1	7100		E REC'D. BY REGISTRAR	75h REGISTRAP'S SIGN	NATINE
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	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND	MENTAL HYG	IENE 8 6	3	0 1	1.0
2,23,23		CEASED NAME PIRST Martha	Iren		Ştan	baugh		REG. NO.  26. DATE OF DEATH MONTH DAY YEAR  OCTO how 22 1946			26 HOUR
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HOSPITAL OR ATTENDER med by the hospitol or or FloyERAL DRECTOR, Ash old be detached by use or in the State Dept. at Health ORTANT, if herr 21 is more		22a. I certify that () (this hasp saw the deceased alive a obove. () (we) (did) did n 22b. SIGNATURE PLACE AND AME (TYPE	of) view the body at		r <u>(,</u> , on	DEGREE  22e ADDRE	ATTENDING PHYSICIAN SS	DIRECTOR   PH	STAFF YSICIAN [	220 DATE S	
2	23a E	URIAL, CREMATION, REMOVAL	236 DATE 10/25/	1986 Ri	AME OF C	METERY OR	CREMATORY	23d LOCATION Liberty		orcester,	Marvlar
DHMH - 16 60M 7/84 (VRA 15, 4)	-	neral director Tolloway Funera									

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DHMH - 16 60M 7/84 (VRA 15, 4)

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Shoul with

24 FUNERAL DIRECTOR

270 BURIAL CREMATION, REMOVAL

ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

LEEN ACKE MEM

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SE REGISTRAR'S SIGNATURE

STATE

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		AT WORK		. 202	1	57.6	2 . 4	5-7	-
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		BURIAL, CREMATION, REMOVAL	23b. DATE	THE NAME OF	EMETERY OR CREMAT	CITYC	OR TOWN	OUNTY	STATE /
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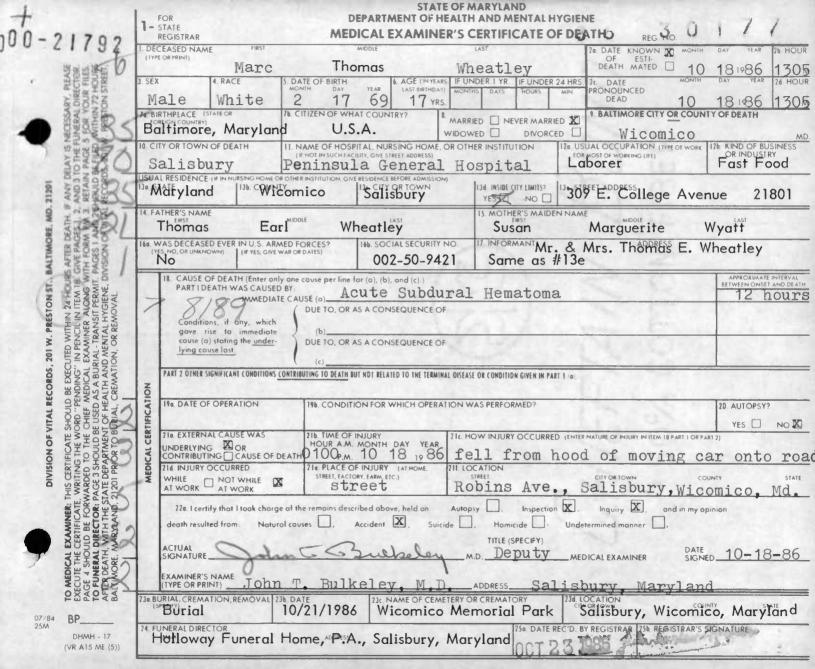
Berlin, Md. 21811

(VRA 15, 4)

W. Kirk Burbage

STATE OF MARYLAND

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07/84	BP			10/17/86		Bates	Met			Sno	w Hi	11, M	laryla	and	
25M	DHMH - 17	24 FUNERAL		ADDRESS					250. DATE REG	C'D. BY RE	GISTRAR	25b. REG	SISTRAR'S S	IGNATURE	
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											100	9	-	- 1	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR White October 13, 1986 IF UNDER I YEAR A AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS July 16, 1921 Black Male To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Deal Island, Md U.S.A. WIDOWED DIVORCED | Wicomico 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN ICITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Truck Driver Dorco Salisbury Peninsula General Hospital UNUAL RESIDENCE TIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Dorchester Rhodesdale 13d. INSIDE CITY LIMITS? RESTREET ADDRESS ZIP CODE 4 Maryland 15. MOTHER'S MAIDEN NAME LEATHER'S NAME Addie M. Milbourne White Willie White ADDRESS UPPER Mariboro, Md 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Willie L. White, 5:03 Brookdale Ct., 216-16-7764 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ici. PART I. DEATH WAS CAUSED BY: asystole IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Adult Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF subendocardul m underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased fram. 10/13 sow the deceased ofive on\_ and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 776 ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) the show. PGHMC 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 18,1986 Md. Veterans Cem. Beulah, Dor., Maryland Burial Federalsburg 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Framptom-Hawkins F. H., 216 N. Main St. (VRA 15, 4)

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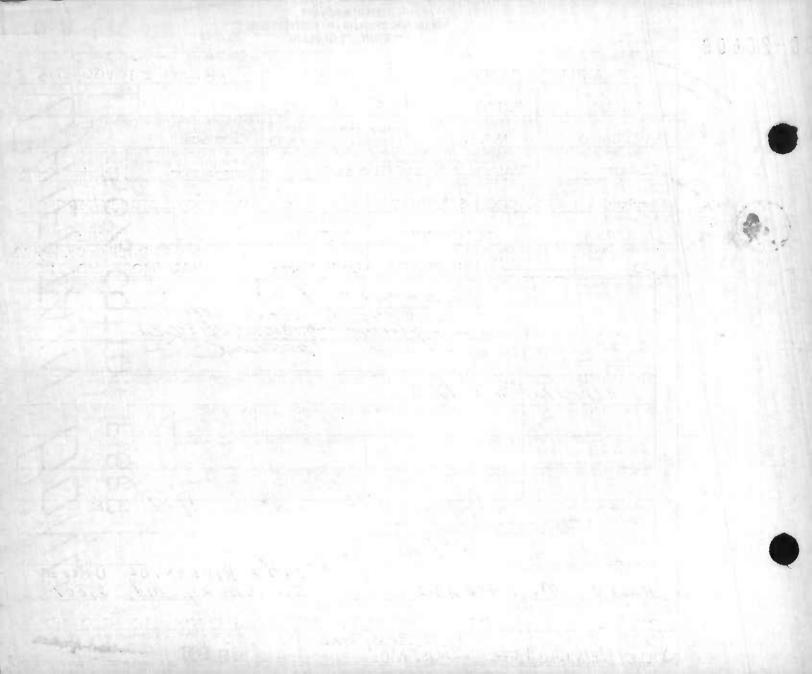
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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	REG. NO			

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	1 DECEASED NAME FIRST TYPE OR PRINT; MAIN	ie C. Whi	lte	į	AST		20 DATE OF DEATH	MONTH DAY		26 HOUR 4:25	
1	3 SEX	4 RACE		5. DATE C		6	AGE (IN YEARS LAST BIR	THDAY) IF (	UNDER I YEAR	IF UNDER 2	
	Female	White		OT	25 <sup>DAY</sup> 18		94	HOURS	MIN.		
3	74 BIRTHPLACE (STATE OR FOREIGN VIrginia	U.S.A	VHAT COUNTRY?	MARRIE WIDOWE	D NEVER MAR	RIED 1	Wicomico	County			MD.
5	18 CITY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET	G HOME C	OR OTHER INSTITU	TION I	TYPE OF WORK FOR MOST C	ON	176 KIND O INDUSTRY	F BUSINES	
4	Salisbury USUAL RESIDENCE (IF NURSING HOME		iry Nursi		me		Housewife				
1	130 STATE 136 CO	icomico	Salisbur	N	7 (3)		628 Smith	Street	2	1801	
ı	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MA		E MIDDLE		148	î	10
Ş		homas	Bradfor			Arinthi		usan	Kell		
/	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES!	213-24-4		500 Lob	Mrs. lolly L	Betty Lour ane, Salisbu	Wainwri Jry, Mar	ght (D yland	aught 2180	er)
1		18 CAUSE OF DEATH (Enter only one cause per line for (a), 15, and (c)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  ONLY  IMMEDIATE CAUSE (a)									AIDEATH
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	OR CONTRIBUTING CAUSE OF I	218. PLACE C	OF INJURY ET FACTORY OFFICE, FA	ARM, ETC )	211. LOCATION STREET		CITY OR TO	wn	COUNTY	517	ATE
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	mesgrange for	ulls		M	PHY:	NDING SICIAN	MEDICAL STAI	FF CIAN []	In DATE	10 b	8
	EARL M. BEA		4.D.		77e ADDRESS RT. 50 &	CIVIC	C AVE, SALI	SBURY,	MD.	21801	1
12	230 BURIAL, CREMATION, REMOVE (SPECIFY) Burial	AL 236 DATE	23c N		EMETERY OR CREA	MATORY	R Salisbury			Maryl	and
	24 FUNERAL DIRECTOR						REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE	14.1
ij	Holloway Funer	al Home, f	A., Salis	sbury,	Maryland	d nr	T 2 0 1006				



	1	Day.				OF MARYLAND		175 8 104	
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9	3, 5E	Male	4. RACE hite		S. DATE C	22 <sup>DAY</sup> 1899 <sup>YEAR</sup>	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
011135	1000	RTHIPLACE INTEREST OR FOREIGN	76 CITIZEN OF	.A.	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C Wicomico	OUNTY OF DEATH	MD.
10 10 10 10	1	isbury	LIE NOT IN SU	HOSPITAL, NURSIN ICHFACILITY, GIVE STREET LLA Gener	ADDRESS)	prother Institution spital	120 USUAL OCCUPATION THE OF WORK FOR MOST OF WO		BUSINESSOR
AND 2112	130 M	AL RESIDENCE (IF NURSING HOME STATE 133 GC OLY LAND	OR OTHER INSTITUTION UNITY COMICO	Salisbury		13d. INSIDE CITY LIMITS?	RT. #4 Box 2	14 Olde Fru	vitland Rd
MARY THE PROPERTY OF THE PROPE	14. F	William	MIDDLE	White	e	Annie Annie	P. MIDOLE	Short LAST	
MORE serend	16a \	VAS DECEASED EVER IN U.S. YES NOOR UNKNOWN) (15 YES.	ARMED FORCES? GIVE WAR OR DATES)	215-36-2		Same as #13e	Lennie V.ADWhi	te (Wife)	
S, 201 W. PRESTON S over that the death co- grand by the arts of pieces confil burial commons or  usy, or other froundis.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)_ DUE TO, (c)	OR AS A CONSEQU	ENCE ON	bowl resecr	tion for Value	ulus	
SCIAN The law red physician certificate by scientificate by seems of the scientificate by seems the scientificate by seems prior to the scientificate by seems to the scientificate by see	DICAL CERTIFICATIO	190 DATE OF PPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMM. 21d. INJURY OCCURRED	DEATH HOUR A	Puel.	mall	WAS PERFORMED  21t. HOW INJURY OCCUR  21t. LOCATION		Ob. IF YES, WERE FINDING NOTERTIFYING CAUSES ( YES  NITEM 18 PART L OR PART 2)	
DIVISIO ATTENDING PRI suplied is attended from use with the of Health and A from use with the from use with	ME	220.1 certify that (1) (this has sow the deceased alive obove, (1) (we) (did ford	(AT HOME S	treet, factory, office,	\$ h, a	street  2 9 , 19 and that in (my) (our) opinion	city or lown to /0/1 deoth occurred an the date	and hour and from the c	
O HOSPITAL OR Princed by the bring of the br		276 SIGNATURE  276 PHYSICIAN'S NAME (17	have			ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	0 1	21801 isbury,Md.
BP	23a	BURIAL, CREMATION, REMOV				s Cemetery	Salisbury.	Wicomico, M	laryland
DHMH - 16 60M 7/B4		UNERAL DIRECTOR				25a. DA	TE REC'D. BY REGISTRAR 256		
(\/PA 15 4\)		olloway Funeral	Home F	A Salish	ury M	d 1	William B B		

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-PELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. A PAGE S FOR YOUR FILES. BEFILED, WITHIN 72 HOURS DS, 201W. [PRESTON STREET, Robert Walter III Wise DEATH MATED 19 86 1 SEX 4 RACE 5 DATE OF BIRTH & AGE IN YEARS I IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR MONTH LAST BIRTHDAY PRONOUNCED Male White 40 25 19 86 5A M 76. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Salisbury, Maryland U.S.A. WIDOWED DIVORCED Wicomico County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Salisbury Peninsula General Hospital 21801 Maryland Wicomico Salisbury 13d INSIDE CITY LIMITS? 116 Walnut Street Apt. 2 BALTIMORE, MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Robert Walter Connie Marie Jones Robert W. Wise, Jr. (Father) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Same as #13e 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Concenital heart disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED PAGE 4 SHOULD BE FUREY.

TO FUNERAL DIRECTOR: PAGE 3 SAFER DEATH, WITH THE STATE DEBALTHORE, MARYLAND, 21201 H STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Autopsy X 22e. I certify that I took charge of the remains described above, held an Inspection Natural causes Hamicide Undetermined manner death resulted fri TITLE (SPECIFY) 10-26-86 Dennis F. Smyth, EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 10/28/1986 Wicomico Memorial Park Salisbury, Wicomico, Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Holloway Funeral Home, P.A., Salisbury, Maryland SEP (VR A15 ME (5))

